

In-Home Supportive Services Program

Report to the Legislature
on the Impact of the
Fair Labor Standards Act
Overtime Rule

Final Report

July 2018

California Department of Social Services
Adult Programs Division
CMIPS II Research, Data, and Analysis Unit

Executive Summary

On October 1, 2013, the United States Department of Labor (DOL) published the Final Rule on the [Application of the Fair Labor Standards Act \(FLSA\) to Domestic Services \(RIN 1235-AA05\)](#), also known as the Overtime Rule. The Overtime Rule removed the ability of “third-party” agencies to claim a companionship exemption from minimum wage and overtime pay rules for personal care workers. As a result, the California In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) providers became eligible for overtime, travel time, and wait time. Senate Bills (SBs) [855](#) and [873](#) (Chapters 29 and 685, Statutes of 2014) were enacted to implement the DOL Overtime Rule in the IHSS and WPCS programs.

Following their enactment, the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS) worked with stakeholders to implement these new federal requirements. Stakeholder meetings were held, policy was written, forms were created, system changes were made, and the payment of overtime, travel time, and wait time compensation to providers of IHSS and WPCS went into effect on February 1, 2016.

SB 855 also required CDSS to conduct a 24-month study of the impact of the Overtime Rule on the IHSS Program. The purpose of this report is to provide information on the impact of the Overtime Rule on IHSS to the Legislature.

This report describes the provider outreach and training efforts; implementation of the required overtime, travel time and wait-time compensation requirements; overtime exceptions and the exemptions criteria and process; the violations and dispute process; and the State Administrative Review process. This report also provides information on additional policy and Case Management Information and Payrolling System (CMIPS) changes. Finally, this report addresses the impact these rules have had on the IHSS program and providers.

Below is applicable data since the implementation of the Overtime Rule:

Overtime

- An average of 106,229 providers per month were paid overtime. This is 24 percent of paid providers. These providers were paid an average of 59.1 hours of overtime per month, and have been paid 6,279,474.6 overtime hours per month in total.

Travel Time

- An average of 6,653 providers per month were paid travel time. These providers were paid an average of 14.8 hours of travel per month.

Wait Time

- The statewide average authorized hours for Medical Accompaniment increased from 2.5 in July 2017 to 3.0 in June 2018 resulting in compensation for wait time to IHSS providers.

Exemptions

- An average of 1,357 providers were approved for Exemption 1, 86 for Exemption 2, and 735 for the WPCS Exemption, averaging a total of 2,176 approved exemptions.

Violations

- Of the average 87,975 paid providers serving multiple recipients, an average of 1.6% received a violation each month.
- Of the average 370,193 paid providers serving one recipient, an average of 0.5% of the providers received a violation each month.

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Purpose of Report

The purpose of this report is to provide information to the Legislature regarding the impact of the Fair Labor Standards Act (FLSA) Overtime Rule on the In-Home Supportive Services (IHSS) Program per Senate Bill (SB) [855](#) (Chapters 29, Statutes of 2014) and Welfare and Institutions Code (WIC) section [12300.41\(b\)](#) upon completion of a 24-month study.

Background

On October 1, 2013, the United States Department of Labor (DOL) published the Final Rule on the [Application of the FLSA to Domestic Services \(RIN 1235-AA05\)](#), also known as the Overtime Rule. The Overtime Rule removed the ability of “third-party” agencies to claim a companionship exemption from minimum wage and overtime pay rules for personal care workers. As a result, the IHSS and Waiver Personal Care Services (WPCS) providers became eligible for overtime, travel time, and wait time.

SBs [855](#) and [873](#) (Chapters 29 and 685, Statutes of 2014) were enacted to implement the DOL Overtime Rule in the IHSS and WPCS programs.

SB 855

- Established provider maximum weekly work hours of 66.
- Allowed travel time up to seven hours per week for certain providers.
- Authorized a new service known as "wait time."
- Established a three-month transition period for recipients and their providers to learn the new rules.
- Required an IHSS provider to inform recipients of the number of hours he/she is available to work for that recipient.

SB 873

- Allowed an IHSS recipient with a single provider to allow, without county approval, his/her provider to work in excess of the weekly authorized hours if the additional overtime hours of work in that week did not result in the provider exceeding the total number of overtime hours that the provider would be authorized to work in that month.

Following their enactment, the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS) worked with stakeholders – counties, recipients, providers, and advocates – to implement these new federal requirements. Stakeholder meetings were held, policy was written, forms were created, system changes were made, for an effective date of January 1, 2015.

Judge Leon of the U.S. District Court, District of Columbia issued the following court orders:

- December 22, 2014 – vacated the section of the DOL Overtime Rule which precluded third-party employers from claiming applicable wage and overtime exemptions for services provided by live-in providers and employees performing companionship services.

- December 31, 2014 – granted a Temporary Restraining Order which stayed implementation of the DOL regulation on the revised definition of companionship services from going into effect until January 15, 2015.
- January 14, 2015 – issued a ruling, vacating the DOL’s revised companionship services definition that was scheduled to go into effect on January 15, 2015.

As a result of the last federal court order, on January 15, 2015, CDSS halted implementation of the changes related to overtime, travel time, and wait time pay for all IHSS and WPCS providers.

On August 21, 2015, the Appellate Court for the District of Columbia Circuit reversed the District Court’s decisions [[Home Care Association of America v. David Weil \(2015\) 799 F. 3d 1084](#)]. This decision reinstated DOL’s Overtime Rule and thus SB 855 and 873. As a result, CDSS began reinstating the implementation of the overtime, travel time, and wait time requirements for IHSS and WPCS providers.

On November 6, 2015, the State announced that the payment of overtime, travel time, and wait time compensation to providers of IHSS and WPCS would be effective as of February 1, 2016.

Stakeholder Process

As with all changes to the IHSS Program, CDSS obtained stakeholder input in all areas of the overtime, travel time, and wait time changes. The stakeholders included IHSS recipients and providers, 58 county IHSS offices, 56 Public Authorities (PAs), County Welfare Director’s Association of California (CWDA), labor organizations including Service Employees International Union (SEIU) and United Domestic Workers (UDW), program recipients and providers and IHSS advocacy organizations such as Disability Rights of California (DRC) and California In-Home Supportive Services Consumer Alliance (CICA), DHCS staff, among others.

A few of the notable areas of collaboration:

- **Mailers/Notices for Recipients and Providers**
CDSS worked with stakeholders to develop mailers/notices for recipients and providers. Several workgroup meetings took place in order to walk through the mailers/notices and to give the stakeholders an opportunity to provide their feedback.
- **All-County Letters (ACLs)**
CDSS released multiple ACLs to provide counties with instructions for implementation of the overtime and workweek requirements. These included revised forms and notices. Prior to release, CDSS stakeholders reviewed the draft ACLs and provided input.
- **Exemption Criteria**
CDSS held discussions with counties and stakeholders to develop the criteria of the extraordinary circumstances that must exist for IHSS providers to qualify for exemptions from the weekly hours cap.

- **Forms**
CDSS worked with stakeholders to develop forms, such as Travel Claims, Timesheets, Notices, etc.
- **Training for Providers/Recipients**
Training provided across the State and online
- **CMIPS II System Changes**
Reports and changes to the system to fit the needs of the user such as:
 - Creation of new FLSA forms and notifications
 - New system functionality to calculate Overtime and Travel Time
 - New functionality to determine Overtime and Travel Time Violations and Exemption/Exception Processing
 - Flexible Hours, Workweek Limitations and Violation Disputes
 - State Administrative Review Process for IHSS and WPCS
 - New Data Reports/Downloads

Outreach and Training

In an effort to ensure that IHSS Recipients and Providers received timely and accurate information and resources regarding overtime requirements affecting the IHSS Program, and to facilitate a comprehensive understanding of the changes to IHSS, CDSS engaged in an extensive communication campaign. This campaign utilized a layered-learning approach to train and disseminate information to IHSS recipients and providers, and stakeholder partners at the local levels. The following is a brief snapshot of what was completed:

- December 2015 – CDSS mailed out a two-page informational notice to all IHSS Recipients and Providers to introduce changes to the IHSS and WPCS programs for the workweek hours cap, travel time, and overtime requirements. More information in the [Recipient and Provider Mailings](#) section below.
- January 7, 2016 – CDSS released [ACL 16-01](#) to provide counties with instructions, including the policies and procedures for implementation of the overtime, and workweek hours cap requirements. Revised forms and notices were included.
 - Prior to release, CDSS stakeholders reviewed the draft ACL and provided their input.
- January 22, 2016 – CDSS released [ACIN I-08-16](#) to inform counties of updates to CMIPS screens and forms tracking for implementation of FLSA.
- January 27, 2016 – CDSS released an informational video providing detailed updates about the new provisions regarding overtime and travel time pay, timesheet completion and travel claim form processes, and violations. More information in the [FLSA Training Video](#) section below.
- February 1, 2016 – CDSS mailed out a two-page informational notice to all IHSS Recipients and Providers encouraging them to view the informational video. More information in the [Recipient and Provider Mailings](#) section below.

- March 14, 2016 – CDSS released [ACIN I-20-16](#) to inform counties that beginning February 1, 2016, IHSS and WPCS Providers who meet the travel time eligibility criteria are eligible to be paid for travel time.

Recipient and Provider Mailings

As part of the implementation of the FLSA requirements, two separate mailings were sent to recipients and providers to introduce changes to the IHSS and WPCS programs for workweek hours cap, travel time, and overtime requirements. All forms were produced in the four threshold languages (English, Spanish, Chinese, and Armenian) and included instructions that informed recipients/providers that these forms needed to be completed, signed, and returned, as applicable, to their county of record.

The first statewide mailing (December 2015 through January 2016) included the following information and forms:

- [Recipient Important Information \(TEMP 3002\)](#), informational only
- [Provider Important Information \(TEMP 3001\)](#), informational only
- [IHSS Program Provider Enrollment Agreement \(SOC 846\)](#), to be returned to county; return envelope included

The second statewide mailing (February 2016) included the following information and forms:

- [Informational stuffer](#)
- [IHSS Program Provider Workweek Agreement \(SOC 2255\)](#), to be returned to county; return envelope included
- [IHSS Program Recipient Workweek Agreement \(SOC 2256\)](#), to be returned to county; return envelope included
- [IHSS Program Provider Notification of Recipient Authorized Hours & Maximum Weekly Hours \(SOC 2271\)](#), informational only
- [IHSS Program Recipient Notification of Maximum Weekly Hours \(SOC 2271A\)](#), informational only

Overtime Training Video

In January 2016, CDSS released an informational video on the 2016 FLSA new program requirements, providing detailed updates about the new overtime and travel provisions. The video covered topics such as important terms, overtime pay, travel time pay, timesheet completion, new and revised IHSS forms, travel claim form processes, and violations.

The video was developed in collaboration with San Diego State University Research Foundation (SDSURF), and in collaboration with stakeholders mentioned above, to assist recipients and providers in understanding the new program changes and correctly completing the IHSS timesheets and travel claim forms. The video also provided tips on how to prevent timesheet mistakes that could create payment delays and potentially cause violations.

This video is available on the CDSS website at the [IHSS Recipient/Consumer Education Videos](#) webpage. Also, SDSURF distributed a DVD to each county and PAs statewide.

On February 1, 2016, CDSS mailed out a two-page informational notice to all IHSS Recipients and Providers encouraging them to view the informational video, referenced above.

The video was translated in the State threshold languages for the IHSS recipient population: Armenian, Chinese, and Spanish as required by Government Code section 7295.2, and included closed captioning for the hearing-impaired. The video translations were made available on the CDSS website in the Spring of 2016 and were distributed to the counties and PAs thereafter.

As of July 5, 2018, there were 55,615 total views of the video.

The language breakdown of this total is:

- English - 52,331
- Spanish - 2,489
- Chinese - 680
- Armenian - 115

Additional Videos/Trainings

In May 2017, a revised IHSS Provider Orientation video was made available to the counties that integrated the FLSA program requirements, resulting in the addition of four new sections: Workweek and Overtime, Travel Time and Wait Time, Adjusting Hours and Violations. All orientation supplemental materials were also revised, including the IHSS Provider Orientation Guide and handouts, in addition to the development of eight new provider fact sheets.

Localized Training

In February and March 2016, CDSS conducted eight FLSA Training-for-Trainer (T4T) sessions. These three-hour, in-person sessions were offered statewide to approximately 320 participants from the counties, PAs, and labor organizations.

In these localized trainings across the State, CDSS provided educational materials and tools to train IHSS staff, recipients, and providers on the new FLSA requirements affecting the IHSS program. The trainings included an overview of the following topics: key terms, new and revised forms, the county adjustment/exception process, timesheet completion, travel time, the various IHSS recipient to provider relationships and its correlations to the weekly hourly limitations, and violations.

CDSS provided trainers with training curriculum (i.e., a PowerPoint presentation with trainer notes, informational notices, fact sheets), a copy of the FLSA informational video, and sample participant training materials including an IHSS Recipient/Provider Handbook, a corresponding worksheet packet containing exercises and sample scenarios, a participant agenda, and a laminated wallet card.

All materials were available in English, Armenian, Chinese, and Spanish and were made accessible to blind and visually-impaired individuals.

CDSS requested FLSA training plans from the counties and PAs to demonstrate how they planned to deliver training to their staff and IHSS recipients/providers. In an effort to assist counties and PAs in managing competing priorities, submission of training plans was made voluntary and optional. The following information reflects the counties and PAs that provided voluntary FLSA training plans:

- 21 of the 58 counties (36 percent) provided an FLSA training plan
- Nine of the 56 PAs (16 percent) provided an FLSA training plan

Of the 26 FLSA training plans received:

- 100 percent will provide an in-person training, webinar, or both
- 96 percent will be utilizing CDSS' FLSA T4T training materials
 - 40 percent will use supplemental training materials in addition to the materials provided by CDSS
- 83 percent included a FLSA training schedule

Due to the volume of interest, CDSS also offered a three hour, FLSA T4T webinar session on Tuesday, March 8, 2016. At the conclusion of all FLSA T4T sessions, CDSS provided training to 420 participants statewide.

Also, as part of the ongoing effort to train county staff and other participating stakeholders, CDSS developed an FLSA training module that was incorporated into the IHSS Training Academy core curriculum. The curriculum from this training module is available on our website at the [IHSS Training Academy](#) webpage.

This new training module, *Fair Labor Standards Act (FLSA) & State Workweek/Travel Time Limitations: What Social Workers Need to Know*, was piloted in Sacramento and Los Angeles Counties, on February 27, 2017 and March 13, 2017, respectively. This one-day training allows county IHSS social workers and other program stakeholders to understand and implement current FLSA requirements. The all-day, instructor-led classroom training provides a toolkit for social workers to assist them in helping recipients and providers navigate the complexities of FLSA rules and policies. In Fiscal Years (FYs) 2016/17 and 2017/18, a total of 1,229 participants from both county and State agencies completed this training over the course of 38 classroom trainings.

Overtime Exemptions

The following was completed to help IHSS recipients, providers and counties understand the Exemption 1: Live-In Family Care Providers and Exemption 2: Extraordinary Circumstances requirements:

- January 21, 2016 – [ACL 16-07](#) was released, and provided counties with information for implementing Exemptions.
- January 25, 2016 – CDSS mailed letters to IHSS providers and recipients that may qualify for the IHSS Live-In Family Care Provider Overtime Violation Exemption as outlined in ACL 16-07.
- June 8, 2016 – Two live webinars titled “Exceptions and Exemptions” were conducted by CDSS to assist counties.
- April 17, 2018 – Webinar training for the Extraordinary Circumstance Exemption and its State Administrative Review (ESAR) process. These webinar training sessions were conducted by CDSS for counties to implement the policies set forth in [ACL 18-31](#). The webinar training conducted by CDSS included an overview of the transfer of the Extraordinary eligibility evaluation responsibilities, policy guidance regarding exemption criteria, an overview of the ESAR process and CMIPS functionality. Four two-hour webinar training sessions were held (April 18, 19, 20 and 24, 2018).

Electronic Timesheet System (ETS) Website

While the ETS website was not created specifically in relation to the Overtime Rule, it helps providers adhere to them. While keying in the time worked on to the online timesheet, the provider can receive a warning message letting them know their entry exceeds their amount of IHSS authorized hours and that continuing with the entry could result in the provider receiving an overtime violation. This feature gives the provider information that can prevent an overtime violation.

CDSS developed and published ten ETS webcasts which can be accessed via the internet by anyone who wants [ETS training](#).

The ETS rollout was completed in four waves (June 2017-November 2017). Prior to each wave, CDSS:

- Mailed outreach materials to all recipients and providers in the wave counties.
- Facilitated webinar training sessions for county staff, as well as IHSS and WPCS providers and recipients.

Additionally:

- December 2017 – Twelve live webinars (December 19, 2017-January 11, 2018), titled “IHSS Timesheet Overview Webinar for Providers,” were conducted by CDSS to assist providers with how to complete their paper timesheets. In these webinars, CDSS reviews the instructions with providers and recipients for filling out the IHSS/WPCS paper timesheet. A Question and Answer session occurs in each webinar session.

- December 2017 – IHSS CMIPS II users were invited to attend a Maintenance & Operations Training Webinar. Ten three-hour sessions were held (January 16, 2018 – January 22, 2018). These sessions provided refresher training for the five content topics listed below. These lecture based training webinars provided helpful information supplied by the CDSS Subject Matter Experts (SME's). A SME was available to answer Training Content Topic questions at the end of each training session.
 - Training Content Topics included:
 - Managing a Work Queue
 - Reporting
 - Special Transactions
 - Over Payments
 - Overtime Violations

Implementation of Overtime, Travel Time, and Wait Time Compensation

As of February 1, 2016, CDSS began compensating providers for overtime, travel time, and wait time. Overtime is paid at a rate equal to one and one-half times the regular rate of hourly pay when a provider's time worked exceeds 40 hours per workweek. Workweeks are defined in statute as the period beginning at 12:00 a.m. on Sunday and including the next 168 hours, terminating at 11:59 p.m. the following Saturday.

Travel time is paid when a provider works for multiple recipients and travels from one recipient to another in the same workday to provide IHSS. Wait time is paid when a provider assists a recipient with accompaniment to a medical appointment and meets the criteria to be paid to wait with the recipient for the appointment.

Below are details regarding implementation, along with details about compensation for overtime, travel time, and wait time.

Notification of Maximum Weekly Hours

To assist a recipient with scheduling his/her provider(s)'s weekly hours, he/she receives the IHSS Program Recipient Notice of Maximum Weekly Hours (SOC 2271A) form, which informs the recipient of his/her maximum weekly hours. Each provider of an IHSS recipient is informed of his/her recipient's maximum weekly hours and the services he/she may provide via the IHSS Program Provider Notice of Recipient Authorized Hours and Services (SOC 2271) form. Both documents were released beginning February 1, 2016 and are used by recipients and providers to aid in establishing the weekly work schedule of the providers. Recipients and providers receive these notifications whenever there is a change in the recipient's authorized monthly hours, coinciding with the release of the Notice of Action informing the recipient of the change in hours and/or whenever a new service is added or a service is eliminated.

Overtime and Workweek Agreements

WIC section 12300.4 limits how many hours an IHSS provider may work in any workweek. WIC section 12301.1 further requires each IHSS recipient to have their monthly authorized hours converted into a maximum number of weekly hours that can be distributed to his/her provider(s). Effective February 1, 2016, this maximum number of weekly hours is calculated by dividing the total number of the recipient's monthly authorized hours by four. This calculation was determined by CDSS and stakeholders to be the most efficient method to ensure that IHSS recipients would receive all of their authorized monthly hours regardless of the number of days within the month itself. It also allows a single provider to meet the needs of a single recipient.

This calculation provides a guideline for recipients to effectively budget their service hours to ensure all of their monthly hours are received. However, since most months are slightly longer than four weeks, the recipient continues to allocate his/her authorized monthly hours throughout the month to ensure he/she has enough hours to meet his/her needs throughout each month.

This allocation does not represent a change in the previous process insofar as recipients were required to properly allocate their monthly authorized hours to ensure that they met their needs throughout each month, regardless of the number of days or weeks within the month. The weekly hour's calculation is most critical for those recipients whose maximum weekly hours exceed 40 hours in the workweek, as this determines that the recipient's workweek schedule has the potential to include overtime hours for his/her provider(s). (See the *Exceptions and Exemptions* section for how overtime hours are approved.)

A new FLSA timesheet was developed to assist the providers on the claiming of hours within the FLSA guidelines. The maximum number of hours an IHSS provider can claim on his/her timesheet depends on the number of recipients for whom the provider works. In no case can a provider claim more hours working for a recipient than that recipient is authorized in a month.

There is no change to the process of how a provider works within a recipient's monthly authorized hours if a month begins or ends in the middle of a workweek. When the new month begins in the middle of the week, the provider may finish working the authorized monthly hours in the first month. When the next month begins, the recipient's hours reset, and the provider can begin providing authorized services for that month. The hours worked in the week between the two months must be worked in accordance with the recipient's maximum weekly hours and the workweek agreement.

In July 2016, overtime and travel time data became regularly available in a standardized format as a monthly CMIPS data download. In FY 2016-17, on average 24.1 percent of IHSS providers earned overtime. These providers were paid an average of 61.3 hours of overtime each month.

In comparison, during FY 2017-18, on average 23.9 percent of IHSS providers earned overtime, these providers were paid an average of 56.5 hours of overtime each month. Table 1 below provides more detail regarding IHSS/WPCS providers paid overtime.

Figure 1: Providers Paid in the Month

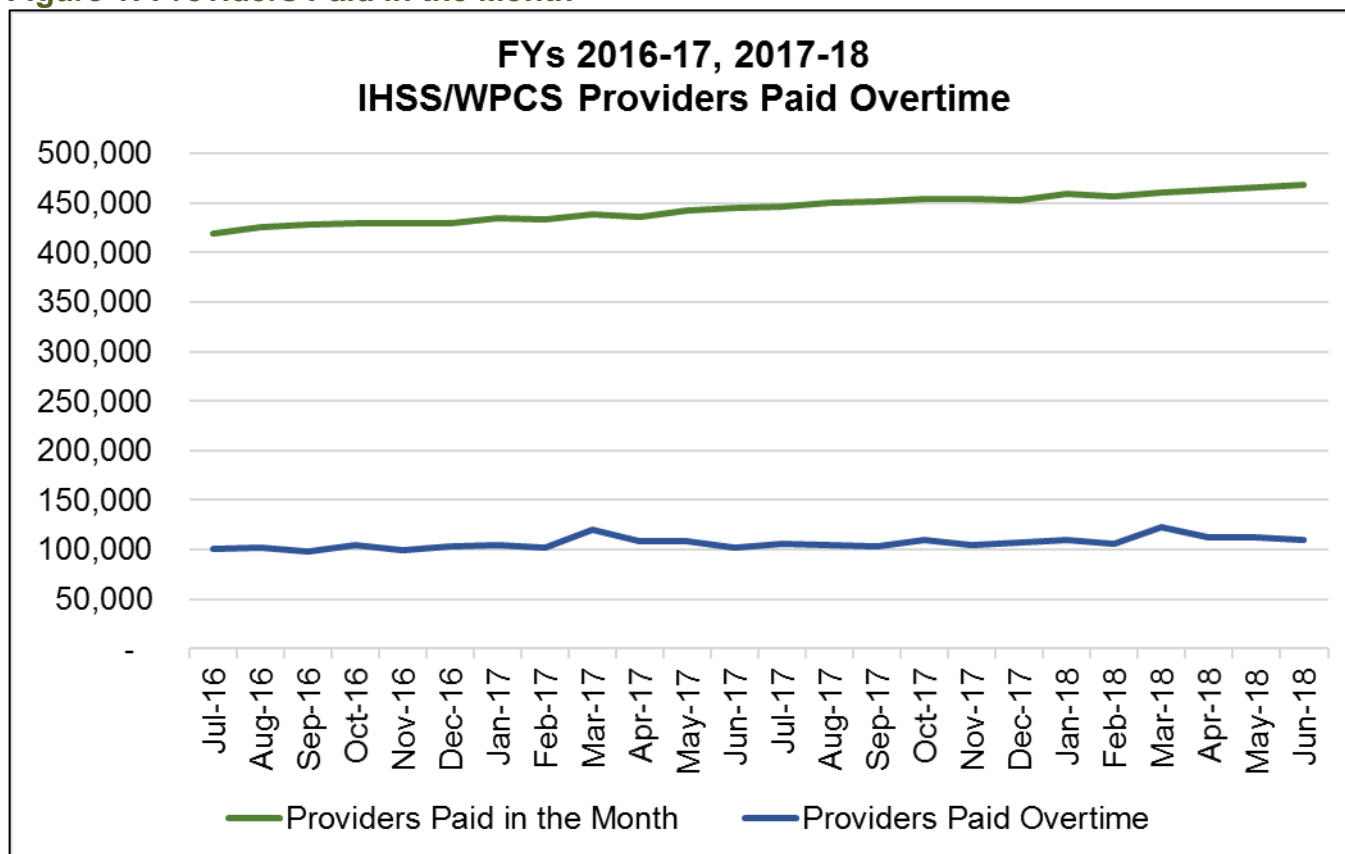


Table 1: IHSS/WPCS Providers Paid Overtime¹

| IHSS/WPCS Providers Paid Overtime | FY 2016-17 Average | FY 2017-18 Average | Percentage of Change | 24-Month Average |
|---|--------------------|--------------------|----------------------|------------------|
| All Providers Paid in the Month ² | 432,818 | 457,056 | 5.6% | 444,937 |
| Providers Paid Overtime ³ | 104,179 | 109,080 | 4.7% | 106,629 |
| % of Providers Paid Overtime of All Paid Providers ⁴ | 24.1% | 23.9% | -0.9% | 24.0% |
| Overtime Hours Paid | 6,390,307.0 | 6,168,642.3 | -3.5% | 6,279,474.6 |
| Avg OT Hours Paid per Provider ⁵ | 61.3 | 56.5 | -7.9% | 58.9 |

When a recipient has more than one provider, statute requires that a provider inform each of his/her recipients of the number of hours he/she is available to work for that recipient. To help facilitate this requirement, CDSS created the IHSS Program Recipient and Provider Workweek Agreement (SOC 2256) form to serve as a tool to assist those recipients with

¹ To view the 24-months of data, go to [Appendix C, 1a](#).

² Providers paid in the month specified, regardless of service period.

³ Same as ².

⁴ Out of all providers paid in the month specified, regardless of service period.

⁵ Overtime hours paid in the month, regardless of service period, divided by the providers paid overtime in the month.

multiple providers to establish a work schedule that complies with the recipient's maximum weekly hours. Additionally, the workweek agreement ensures that there will be a sufficient number of providers to serve the recipient's authorized monthly hours. The SOC 2256 is only necessary if a recipient has multiple providers and it must be completed and signed by the recipient and each of his/her providers. It documents the number of hours each provider will provide authorized services for the recipient each workweek.

The total number of hours in the workweek agreement must correspond to the recipient's maximum weekly hours. It should be noted that the workweek agreement is a guideline and a recipient may choose to have his/her providers work different hours within the week, as long as the providers do not exceed the recipients normal monthly overtime hours under 66 hours if the provider works for multiple recipients. This form also serves to surface situations in which additional providers may be needed to ensure recipient health and safety.

The *Exceptions and Exemptions* section provides details about the overtime flexibility that has been provided to recipients with specific needs.

In FY 2016-17, an average 19.7 percent and in FY 2017-18 an average of 19.8 percent of all paid providers served multiple recipients each month. The rest of the providers served only one recipient. Table 2 below provides more detail to IHSS/WPCS providers working for multiple recipients.

Figure 2: IHSS/WPCS Providers Serving Multiple Recipients

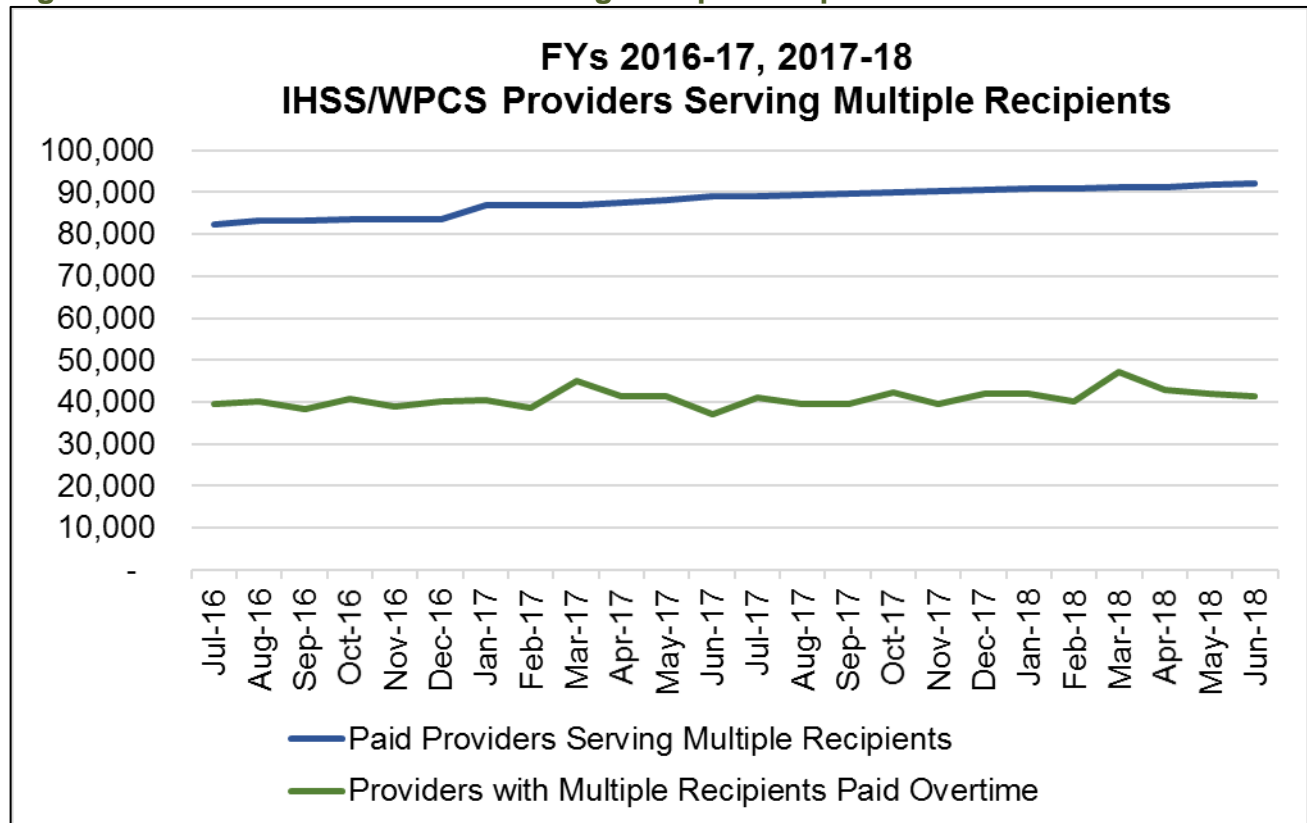


Table 2: IHSS/WPCS Providers Working for Multiple Recipients⁶

| IHSS/WPCS Providers Working for Multiple Recipients | FY 2016-17 Average | FY 2017-18 Average | Percentage of Change | 24-Month Average |
|--|---------------------------|---------------------------|-----------------------------|-------------------------|
| All Providers Paid ⁷ | 432,818 | 457,056 | 5.6% | 444,937 |
| Paid Providers Serving Multiple Recipients ⁸ | 85,382 | 90,568 | 6.1% | 87,975 |
| Percent of Paid Providers Serving Multiple Recipients ⁹ | 19.7% | 19.8% | 0.5% | 19.8% |
| Providers with Multiple Recipients Paid Overtime | 40,112 | 41,562 | 3.6% | 40,837 |
| OT Hours Paid to Providers with Multiple Recipients | 2,146,297 | 1,949,155 | -9.2% | 2,047,726.2 |
| Avg OT Hours Paid per Provider Serving Multiple Recipients ¹⁰ | 53.5 | 46.8 | -12.5% | 50.1 |

Travel Time

If a provider serving multiple recipients works for more than one recipient at different locations on the same day, he/she is eligible to be paid for time spent traveling between the two recipients, up to seven hours per workweek. Travel time payment covers the time it takes the provider to travel directly from the location where he/she provides services for one recipient to another location where he/she provides services for a different recipient on the same day.

The provider will get paid for actual travel time regardless of the method of travel used (e.g. driving a car, taking public transit, walking, riding a bicycle). The cost of the travel (e.g. gas or bus fare) is not compensable.

The provider is responsible for keeping track of his/her travel time each week so that he/she can report it on the travel claim form. The time spent traveling between recipient locations does not count toward the provider's maximum weekly hours of 66 hours or the recipient's maximum weekly hours and is not deducted from any recipient's monthly authorized hours.

To calculate the wage rate when traveling from a recipient in one county to a recipient in another county, the provider must indicate on the travel claim form which recipient he/she is traveling to since the wage rate for that travel will be determined by the collectively bargained wage for the destination county.

If the provider's claimed travel time adds up to more than seven hours per workweek, the county is required to work with the provider to rearrange the provider's work schedule to ensure his/her claimed travel time is no more than seven hours per workweek. If the provider

⁶ To view the 24-months of data, go to [Appendix C, 2a](#).

⁷ Providers paid in the month specified, regardless of service period.

⁸ Same as ⁷.

⁹ Out of all providers paid in the month, regardless of service period.

¹⁰ Overtime hours paid in the month to these providers, regardless of service period, divided by these providers who were paid overtime in the month.

submits a travel claim form claiming travel time of more than seven hours in a workweek, he/she will get paid for the travel time claimed but will be assessed a violation (see *Violations* section).

To assist IHSS providers eligible for travel time, CDSS created the IHSS Program Provider Workweek and Travel Agreement (SOC 2255) form. This form must be completed in order for a provider to be compensated for his/her travel time. The SOC 2255 includes the travel time section in Part B, which requires the provider to indicate the names of the recipients he/she is providing services to, as well as the addresses and the estimated travel time. Without this information, payment for travel time cannot be processed.

In FY 2016-17, providers who were approved for travel time were paid an average of 15.8 hours of travel each month. Out of the average 6,984 IHSS providers who were paid travel time, on average 61.8 percent of travel time was paid as overtime per month. In comparison, in FY 2017-18, providers who were approved for travel time were paid an average of 13.7 hours of travel each month. Out of these approximately 6,321 IHSS providers who were paid travel time, an average of 66.7 percent of travel time was paid as overtime. The average travel hours paid per provider went down 13.3 percent. Table 3 below provides more details regarding IHSS/WPCS providers paid travel time.

Figure 3: IHSS/WPCS Providers Paid Travel Time

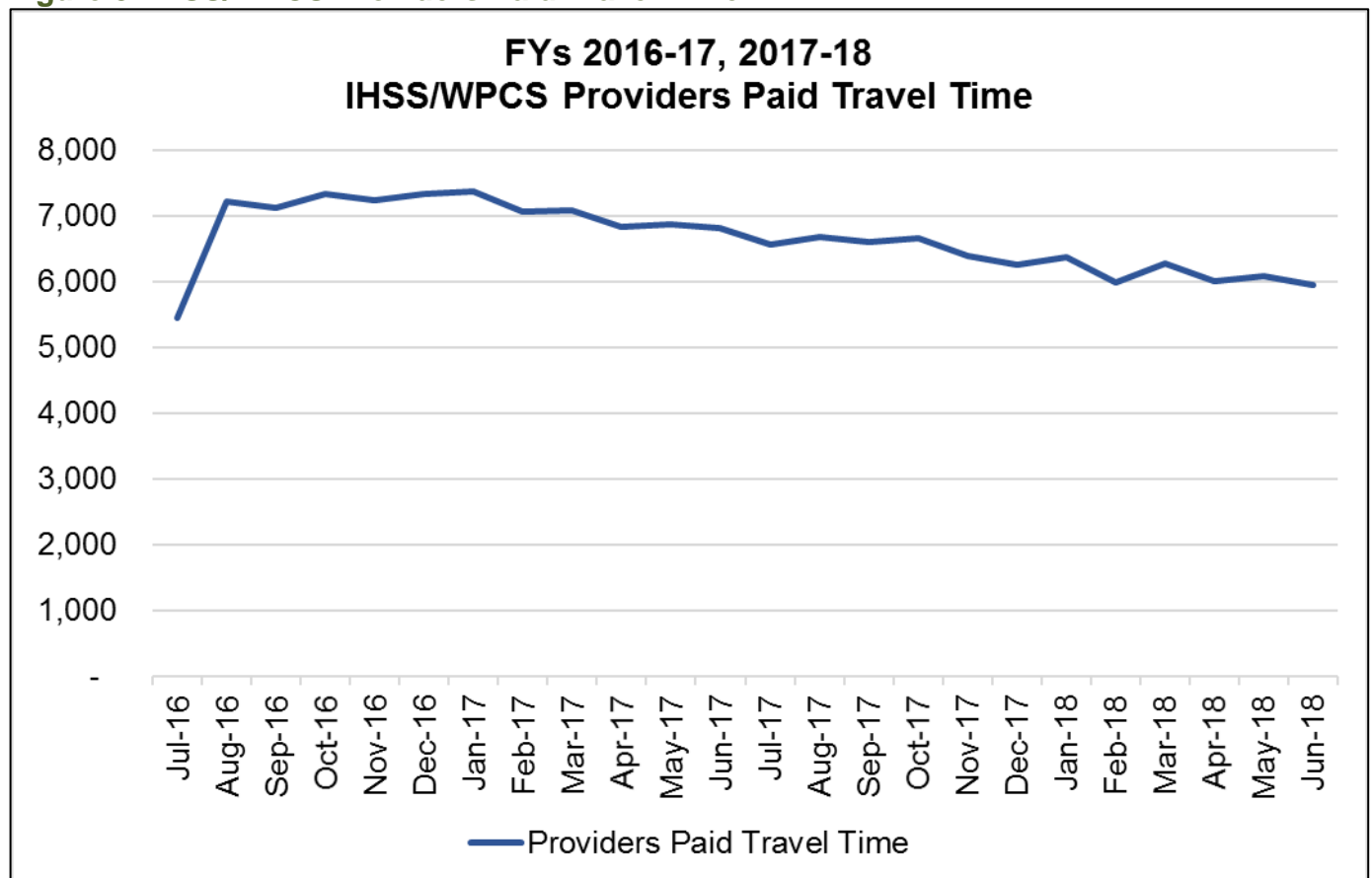


Table 3: IHSS/WPCS Providers Paid Travel Time¹¹

| Providers Paid Travel Time | FY 2017-18 Averages | FY 2016-17 Averages | Percentage of Change | 24-Month Average |
|--|---------------------|---------------------|----------------------|------------------|
| Providers Paid Travel Time ¹² | 6,984 | 6,321 | -9.5% | 6,653 |
| Travel Hours Paid | 111,522.2 | 86,866.6 | -22.1% | 99,194.4 |
| Avg Travel Hours Paid per Provider ¹³ | 15.8 | 13.7 | -13.3% | 14.8 |
| Travel OT Hours Paid | 68,885.7 | 58,105.3 | -15.6% | 63,495.5 |
| Avg Travel OT Hours Paid per Provider ¹⁴ | 9.8 | 9.2 | -6.2% | 9.5 |
| % of Travel OT Hours Paid Out of All Travel Hours Paid ¹⁵ | 61.8% | 66.7% | 8.0% | 64.2% |

Once the SOC 2255 has been received by the county IHSS office and entered into CMIPS, the system will automatically generate a request for a Travel Claim Form to be sent to the provider from the Centralized Print Vendor at the Employment Development Department. After that point, each time a timesheet is sent to the provider, it will be accompanied by a Travel Claim Form. The timesheet and Travel Claim Form must be sent in a single envelope to the Timesheet Processing Facility (TPF).

Wait Time

The DOL rule provided two definitions for the different types of wait time: time spent engaged to wait and time spent waiting to be engaged.

- “Engaged to wait” means that the provider is not performing work duties, but he/she is unable to use the time effectively for his/her own purposes. These periods of time are generally unpredictable and usually of short duration. The wait time is an integral part of the job; it belongs to and is controlled by the recipient.
- “Waiting to be engaged” means that the provider is completely relieved from performing work duties, and he/she has enough time to perform tasks for his/her own purposes. The provider must be informed in advance that he/she may leave the job and that he/she will not have to resume work until a specified time.

The Overtime Rule required employers to pay an employee for time he/she spends “engaged to wait”; however, an employee is not required to be compensated for time he/she spends “waiting to be engaged.” For ease of reference, the term “engaged to wait” will hereafter be referred to as “Wait Time—On Duty,” and the term “waiting to be engaged” will hereafter be referred to as “Wait Time—Off Duty.”

In the IHSS program, wait time associated with medical accompaniment may be eligible for compensation as “Wait Time—On Duty.” During periods when the provider is using “Wait Time—On Duty,” he/she may not be actively performing authorized services, but he/she

¹¹ To view the 24-months of data, go to [Appendix C, 3a](#).

¹² Providers paid travel time in the month, regardless of service period.

¹³ Travel hours paid in the month, regardless of service period, divided by the providers paid for travel in the month.

¹⁴ Overtime hours paid due to travel time.

¹⁵ Travel overtime hours paid out of all travel hours paid.

cannot effectively use the time for his/her own purposes because the time is unpredictable and of unknown duration. The provider must be paid for time he/she spends in “Wait Time—On Duty.”

An example of time spent in “Wait Time—On Duty” would be when a provider accompanies a recipient to a medical appointment of unknown duration, and the provider is required to remain at the medical office because, at any moment, he/she may be called upon to assist the recipient with returning to his/her home.

However, if the provider is informed in advance that he/she is relieved from performing work duties for a specified and generally longer period of time, during which he/she is free to engage in his/her own personal business, he/she is considered to be using “Wait Time—Off Duty.” Time spent in “Wait Time—Off Duty” is not compensable.

An example of time spent in “Wait Time—Off Duty” would be when a provider accompanies a recipient to a hemodialysis treatment that is scheduled to last for three hours. In such a case, the provider would be informed that he/she is not required to remain on the premises and that he/she need not return to retrieve the recipient until the designated time. He/she could use the time to conduct his/her own personal business or engage in personal activities, and this time would not be considered work hours for which he/she would be compensated.

Authorization for wait time is incorporated, as applicable, into two existing IHSS services: Accompaniment to Medical Appointments (Medical Accompaniment) and Accompaniment to Alternative Resources.

Medical Accompaniment is defined in CDSS regulation section 30-757.15 as transportation to and from appointments with physicians, dentists, and other health practitioners (.151) and transportation necessary for fitting health-related appliances/devices and special clothing (.152). Accompaniment to Alternative Resources is defined as transportation to the site where alternative resources provide in-home supportive services to the recipient in lieu of IHSS (.154).

An example of an alternative resource at which in-home supportive services might be provided to the recipient in lieu of IHSS would be an Community Based Adult Services (CBAS) program site.

Compensable wait time (Wait time – On Duty) is most often associated with accompaniment to medical appointments not alternative resources as the criteria for wait time to be compensable is not typically met for alternative resources.

Wait Time for Minor Recipients

Additional guidance for minor cases was provided in [ACL 17-42](#). It is typically considered an expected parental responsibility to accompany a child to a medical appointment. Therefore, as a general rule, Medical Accompaniment may not be authorized for a minor recipient. However, there are certain limited circumstances under which Medical Accompaniment can be authorized for a minor recipient. In order for Medical Accompaniment to be authorized for a minor recipient, each of the three following conditions must be met:

1. The minor recipient must have an assessed extraordinary need. An extraordinary need is a need that is based on the functional impairment due to the minor's disability and that is beyond what would normally be expected for a minor of the same age without the functional impairment. When assessing the service needs of a minor recipient, the social worker should utilize the Age Appropriate Guidelines tool and process, making sure to take into consideration any extraordinary need(s) the individual may have.
2. The appointment(s) must be with a physician or other licensed health care professional (LHCP) in a specialty care discipline, e.g., cardiology; neurology; immunology; orthopedics; physical, speech or occupational therapy; rehabilitation/prosthetics; etc., and the appointment must be related to the minor's disability or functional impairment. Medical Accompaniment may not be authorized for routine appointments with the minor recipient's pediatrician or primary care physician, such as well-baby/child visits, annual check-ups, immunizations, visits related to common childhood illnesses/injuries, etc.
3. The minor recipient must have a need for an authorized IHSS task(s) to be performed for him/her during travel to/from or at the appointment.

As noted above, Medical Accompaniment is not intended to satisfy a recipient's transportation needs. Rather, the provider's presence must be required to perform one or more authorized IHSS services for the minor recipient during transit or at the destination.

If all the above conditions are met, Medical Accompaniment may be authorized in a minor recipient case. If Medical Accompaniment is authorized, then the social worker may assess wait time as appropriate.

To measure changes in authorization for these services due to wait time, CDSS compared FY 2016-17 to FY 2017-18. The number of recipients authorized for Medical Accompaniment grew by 2.7 percent, the hours authorized grew by 11.1 percent, indicating an increase in hours due to wait time authorization. The number of recipients authorized for Accompaniment to Alternative Resources dropped by 3.1 percent, but the hours authorized grew by 3.5 percent. Table 4 below provides more details regarding compensation for wait time.

Figure 4: Compensation for Wait Time

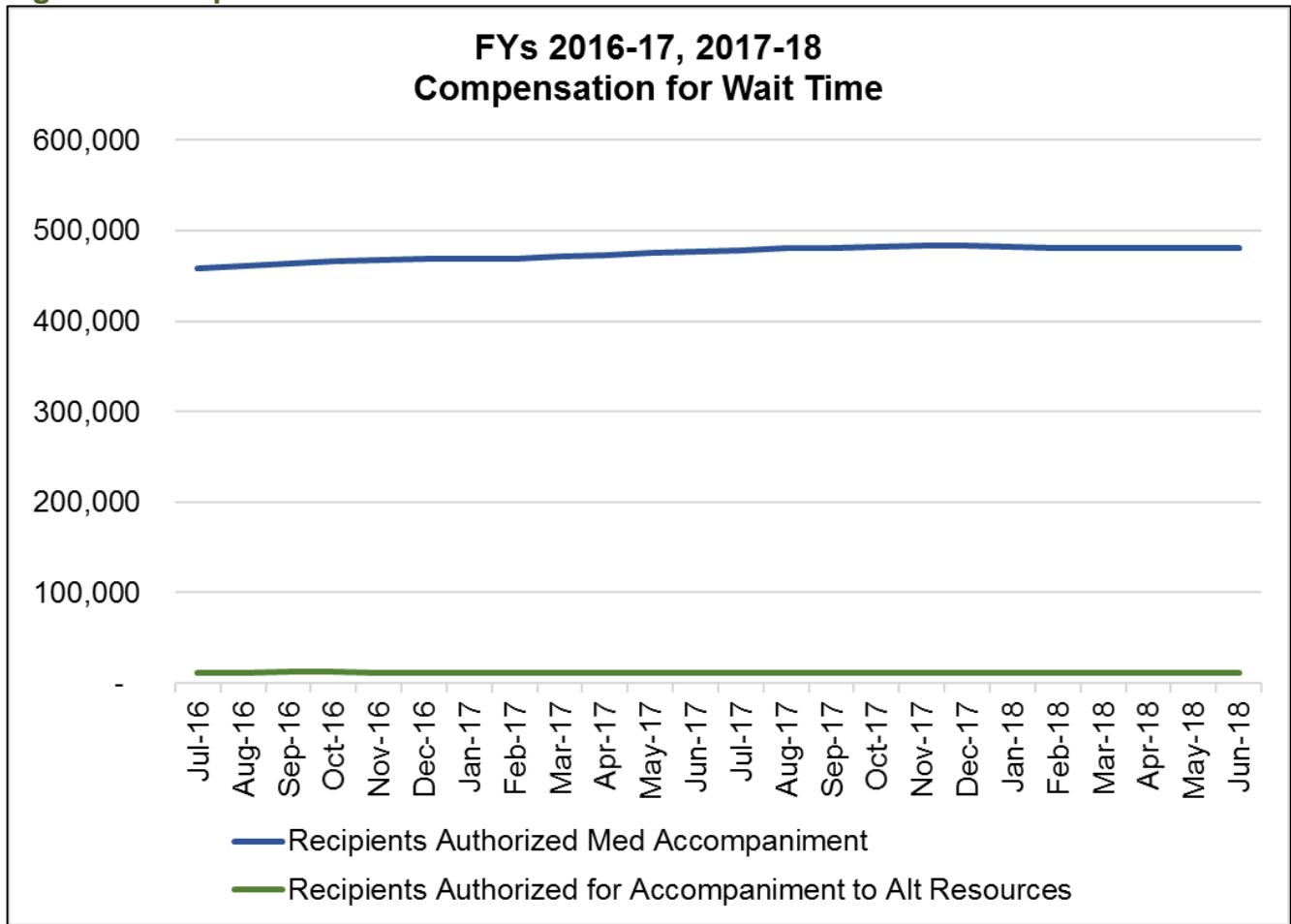


Table 4: Compensation for Wait Time¹⁶

| Compensation for Wait Time | FY 2016-17 Average | FY 2017-18 Average | Percentage of Change | 24-Month Average |
|---|--------------------|--------------------|----------------------|------------------|
| Recipients Authorized Med Accompaniment | 468,413 | 481,160 | 2.7% | 474,786 |
| Hours Authorized for Med Accompaniment | 1,276,539.4 | 1,418,459.3 | 11.1% | 1,347,499.4 |
| Avg Authorized Hours per Med Accompaniment Recipient | 2.7 | 2.9 | 8.2% | 2.8 |
| Recipients Authorized for Accompaniment to Alt Resources | 11,899 | 11,534 | -3.1% | 11,717 |
| Hours Authorized for Accompaniment to Alt Resources | 79,766.8 | 82,576.6 | 3.5% | 81,171.7 |
| Avg Authorized Hours per Accompaniment to Alt Resources Recipient | 6.7 | 7.2 | 6.8% | 6.9 |

¹⁶ To view the 24-months of data, go to [Appendix C, 4a](#).

Overtime Exceptions and Exemptions

Adjusting Recipients' Maximum Weekly Hours (Recipient Flexibility)

On occasion, it may be necessary for a recipient to authorize his/her provider to work more than the recipient's maximum weekly hours as identified on the SOC 2271A. The recipient may make such an authorization without requesting approval from the county, as long as the hours worked:

- Do not result in the provider working more than 40 hours in a workweek when the recipient is authorized 40 hours or less in a workweek; or
- Do not result in the provider receiving more overtime hours than he/she normally works in a calendar month; and
- Do not result in a provider working for multiple recipients for more than the maximum weekly limit of 66 hours.

In a situation in which a recipient has more than one provider and one of the providers becomes ill or is otherwise unable to work in a given week, the recipient can assign some or all of his/her weekly hours to the other provider, even if this would cause that provider to work overtime. This recipient may do so without requesting approval from the county, as long as the hours worked by the single provider do not cause him/her to work more than the recipient's maximum weekly hours or if it causes a provider working for more than one recipient to work in excess of 66 hours in the workweek.

As required under statute, and consistent with current recipient practice, a recipient is assessed for his/her needs and then authorized a monthly service amount based on this need. As such, a recipient can never authorize any provider to work more than his/her total authorized monthly services hours. Therefore, when a recipient authorizes a provider to work extra hours during a week, he/she must have that provider work fewer hours in the other week(s) of the same calendar month to ensure that the provider does not work more than his/her authorized monthly service hours.

Overtime Approval/Exception Process

If a recipient needs his/her provider to work more than the recipient's maximum weekly hours and the work performed will not meet one of the criteria in the previous section, the recipient is required to contact the county to obtain a one-time exception to allow the provider to work the additional overtime hours.

An exception is defined as a request by an IHSS recipient to a county to allow the recipient to adjust his/her maximum weekly hours. The adjustment would allow a provider to work additional hours during a particular workweek, which will cause the provider to work and be compensated for additional overtime hours within a calendar month.

An IHSS recipient seeking an exception must make the request either prior to the event which caused the need for the exception request or as soon as safely possible afterwards to avoid endangering the health and safety of the recipient.

Counties also advise recipients to make the request prior to the submission of the timesheet for the pay period in which the adjusted workweek occurred to ensure the provider does not receive a violation.

In the event an IHSS recipient who has an authorized representative is unable to contact the county IHSS office, the recipient's authorized representative may contact the county to initiate the exception request. However, if the recipient's authorized representative is the provider for whom the exception is being requested, he/she is not permitted to contact the county on behalf of the recipient to make the exception request unless he/she is the parent, guardian, or person having legal custody of a minor recipient or the conservator, spouse, or registered domestic partner of an adult recipient.

Counties utilize the following criteria to determine whether to approve an exception request:

- The additional hours must be necessary to meet an unanticipated need;
- The additional hours must be related to an immediate need that cannot be postponed until the arrival of a back-up provider as designated on the IHSS Program Individual Emergency Back-Up Plan (SOC 827) form; and
- The additional hours must be related to a need that would have a direct impact on the IHSS recipient and would be needed to ensure his/her health and/or safety.

If the exception request meets all of the above criteria, the counties approve the request. WIC section 12301.1(b)(1)(C) states that the county, "...shall not unreasonably withhold approval..." of an exception request.

If the county approves the exception request, the recipient is sent the IHSS Program Notice to Recipient Approval of Exception to Exceed Weekly Hours (SOC 2266) and the provider(s) receives the IHSS Program Notice to Provider Approval of Exception to Exceed Weekly Hours (SOC 2266A). Each of these notices remind the recipient and provider(s) that the provider(s) need to adjust their hours before the end of the calendar month to avoid exceeding the recipient's monthly authorized hours.

If the county denies the exception request, the recipient is sent the IHSS Program Notice to Recipient Denial of Exception to Exceed Weekly Hours (SOC 2267), and the provider(s) is sent the IHSS Program Notice to Provider Denial of Exception to Exceed Weekly Hours (SOC 2267A). The SOC 2267 provides details for the recipient explaining why the exception request was denied. The notices also inform both the recipient and the provider(s) that if the hours have already been worked and documented on the provider's timesheet that the hours will be paid, but a violation will be assessed against the provider. Like the SOC 2266/2266A, these notices also remind the provider(s) and recipient that the hours claimed by one or more providers (if the denied exception hours were worked) need to be adjusted later in the same calendar month to avoid exceeding the recipient's monthly authorized hours.

If the recipient, or his/her authorized representative, did not seek approval and the provider worked extra hours and documented the hours on his/her timesheet, when the timesheet is submitted for processing and payment to the TPF, the payment will be processed. However, CMIPS will trigger a notification to the county IHSS office informing the office of the additional hours worked by the provider. Within five business days after receiving the notification from

the TPF, the county IHSS office has the option to review the circumstances and to determine whether or not county approval of the adjustment was necessary and, if county approval was needed, to contact the recipient to discuss the reason the additional hours were worked to determine whether or not it meets the criteria for an exception.

If the additional hours were worked and claimed on the Part A timesheet (covering the first fifteen days of the month), the county has the option of waiting until the submission of the Part B timesheet (covering the time period from the 16th day of the month until the final day of the month) to determine if the excess hours claimed in the Part A timesheet were properly adjusted during the second half of the month.

If the county chooses to review the circumstances that led to the additional hours being worked and determines that the circumstances warrant approval of the exception, the county can manually grant the exception request in CMIPS and cancel the processing of a violation (see *Violations* section).

If the county chooses not to review or is unable to determine the circumstances that led to the additional hours being worked, after five days from when the notification was sent by the TPF, a violation notice is automatically sent to the provider and an informational notice regarding the violation is sent to the recipient. At that time, the provider may contact the county IHSS office within ten calendar days of the date on the violation notification to request an official county review of the circumstances and the subsequent violation. If the county determines that the circumstances warrant an exception, the violation against the provider is then rescinded.

If the county denied a request, but the provider worked the hours and documented them on his/her timesheet, the payment will be processed by the TPF but a violation notice is automatically sent to the provider, along with an informational notice to the recipient.

Approval for Recurring Needs

Pursuant to WIC section 12301.1(b)(1)(A), a county IHSS office may adjust the weekly hours of a recipient for any particular week for known recurring or periodic needs of the recipient. Effective February 1, 2016, in situations in which the county becomes aware during a recipient's assessment, or any time thereafter, of a recipient's recurring need that requires an adjustment of his/her weekly hours, the county can adjust the recipient's weekly hours and issue an IHSS Notice to Recipient Approval for Provider to Work Alternate Schedule Due to Recurring Event (SOC 2268), which details the adjustment to his/her weekly hours.

An example of a known recurring need that would require an adjustment in the weekly maximum hours, would be when a recipient undergoes a session of chemotherapy once every three months. During that day, she needs extra care due to the severity of the side effects of the chemotherapy. The recipient may request that her provider work extra services on that day to care for her, as the recipient is weak from the treatment, such as assistance with ambulation, meal preparation, laundry, and dressing/undressing. Therefore, during the week in which she undergoes the chemotherapy she needs to adjust the provider's standard work schedule by two hours to accommodate for the extra services she needs during that time. The social worker will annotate the reason in the case notes and provide the approval notice to the recipient and the provider.

A similar notice, the IHSS Program Notice to Provider Approval to Work Alternate Schedule Due to Recurring Event (SOC 2269) is sent to the provider(s) informing him/her of the adjustment in the recipient's weekly hours. Counties annotate the recipient case file to indicate the reason for the recurring need that requires the adjustment of the weekly hours. Additionally, the county should set forth a date as to when an evaluation may be necessary to determine if the recipient's needs have changed and the exception is no longer warranted.

Exemption 1 and 2 Processes

On June 27, 2017, the Legislature passed SB [89](#) (Chapter 24, Statutes of 2017) formally establishing the CDSS existing Live-In Family Care Provider Exemption (Exemption 1), and Extraordinary Circumstances Exemption (Exemption 2). These exemptions were initially created in February 2016 to maintain continuity of care and to ensure that IHSS recipients who are potentially at risk of out-of-home placement are able to remain safely in their homes. If granted, the exemptions allow care providers to work hours in excess of the 66-hour workweek limitation implemented by the passage of [SB 855](#) and [SB 873](#).

Exemption 1: Live-In Family Care Providers

IHSS providers who met the following requirements on or before January 31, 2016 may provide services to two or more live-in family member recipients and work up to 90 hours per workweek, not to exceed 360 hours per month:

- The IHSS provider provides services for two or more recipients; and
- The IHSS provider lives in the same home as all of the recipients they provide services for; and
- The IHSS provider is related to all of the recipients for whom they provide services as the recipients' parent, step-parent, adoptive parent, grandparent, legal guardian or conservator.

Recipients whose providers qualify for this exemption and work the maximum monthly 360 hours must hire additional IHSS providers as necessary to provide any remaining authorized IHSS.

Exemption 2: Extraordinary Circumstances

Exemption 2 applies to providers who provide services for two or more recipients whose extraordinary circumstances place them at serious risk of placement in out-of-home care, and each of the recipients meet at least one of the following criteria:

- **Criteria A** – He or she has complex medical or behavioral needs that must be met by a provider who lives in the same home as the recipient.
- **Criteria B** – He or she lives in a rural or remote area where available providers are limited, and, as a result, the recipient is unable to hire another provider.
- **Criteria C** – He or she is unable to hire another provider who speaks the same language as the recipient, resulting in the recipient being unable to direct his or her own care.

The provider does not need to live in the same home as the recipient(s) to qualify for Criteria B or C.

In order to be approved for an Exemption 2, the recipients or their authorized representative(s), with the assistance of the county, as needed, must have explored available options for hiring an additional provider(s) so that their authorized service hours can be worked within the workweek limitations. Prior documented attempts to find/utilize other providers may be considered in meeting this requirement.

In circumstances where an Exemption 2 approval is granted and the IHSS recipients' combined hours total more than 360 hours a month, the IHSS recipient(s) are required to hire an additional IHSS provider(s) to work their remaining authorized IHSS hours.

Although Exemption 1 is granted to an eligible provider for an indefinite period of time, the duration of an Exemption 2 approval has changed. Previously, all Exemption 2 approvals for Criteria A were approved for one year, and all Criteria B and C exemptions were approved for six months. Given the length of time required for the evaluation of exemption cases and to maintain consistency, all cases deemed eligible for an Exemption 2 will now be approved for one year. This policy change occurred when the county assumed exemption eligibility review responsibilities. Since Exemption 2s are granted for a limited period of time, a renewal may be necessary. Guidance for Exemption 2 renewals was issued in [ACL 17-13](#) in April 2017.

SB 89 also required the following:

- CDSS to mail a one-time informational notice about Exemption 2 to potentially eligible providers and their associated recipients. It further requires counties, at the time of assessment or reassessment, to evaluate each recipient to determine if the recipient's circumstances appear to indicate that the provider for that recipient may be eligible for an exemption. The county shall then inform those recipients about the potentially applicable exemptions and the process by which their provider may apply for the exemption. The bill also transfers exemption review responsibilities from the State to the counties.
- CDSS to establish and implement an administrative review process for ESAR and standardized notification letters. The ESAR process will provide recipients and providers an opportunity to present additional information regarding their case.
- CDSS to count the number of Exemption 2 requests received and the number of requests approved or determined ineligible. The State shall also record the number of requests for an ESAR that are received and the number that are upheld or overturned. These numbers must be posted no later than every three months on the department's internet website.
- CDSS to develop the exemption review and administrative review processes with input from stakeholders.

Guidance for SB 89 changes was issued in [ACL 18-31](#) in March 2018 which included information and instructions for implementing policies that require the counties to begin reviewing Exemption 2 referrals and established the ESAR process for providers and

recipients who the county deems ineligible for an Exemption 2. Also, this ACL transmitted new and revised forms and notices to be used by counties in the implementation of the exemption referral review process.

Further guidance regarding the ESAR process was issued via [ACL 18-58](#) in May 2018.

Waiver Personal Care Services (WPCS) Exemption

Also with the passing of SB [89](#), the WPCS Exemption was codified to allow providers to work up to 360 hours per month of WPCS and IHSS combined (W&IC 14132.99).

In June 2017, 2,331 providers had an approved exemption, and in June 2018, 1,937 providers had an approved exemption. Table 5 below shows the number of providers approved for an Exemption 1, Exemption 2, or WPCS Exemption each FY.

Table 5: IHSS/WPCS Providers Approved for Overtime Exemptions¹⁷

| Overtime Exemption Type | FY 2016-17 Average | FY 2017-18 Average | Percentage of Change | 24-Month Total |
|--|-------------------------------|-------------------------------|---------------------------------|---------------------------|
| Exemption 1 - Parent Providers | 1,433 | 1,265 | -11.7% | 1,357 |
| Exemption 2 - Extraordinary Circumstances | 84 | 21 | -75.0% | 83 |
| WPCS | 814 | 651 | -20.0% | 735 |
| Total | 2,331 | 1,937 | -16.9% | 2,176 |

Violations Process

While the workweek requirements and restrictions went into effect on February 1, 2016, no formal action on violations of the workweek and overtime requirements and restrictions occurred until July 1, 2016. During this period, such events were treated as errors, in acknowledgement of the complexity of the new rules. County staff were instructed to contact any providers who committed errors on timecards and to provide guidance to assist in adjusting workweek schedules to prevent further occurrences.

Violations

Beginning July 1, 2016, violations were incurred whenever an IHSS provider exceeded the workweek or travel time limitations, and IHSS providers received a violation if his/her action constituted one of the following:

- When a provider works more than 40 hours in a workweek for a recipient without receiving county approval when the recipient's maximum weekly hours are 40 or less;
- When a provider works more hours in a workweek for a recipient than the recipient's maximum weekly hours, causing the provider to work more overtime hours in a month than he/she normally works, without receiving county approval;

¹⁷The IHSS/WPCS Providers Approved for Overtime Exemptions FY totals are a June snapshot of each FY. To view the 24-months of data, go to [Appendix C, 5a](#).

- When a provider works more than the maximum weekly limit of 66 hours when working for multiple recipients; or
- When a provider claims more than seven hours of travel time in a workweek.

Each time a provider incurs a violation, he/she is still paid the overtime and/or travel time that exceeded the workweek and/or travel time limitations, but also receives a violation notice. In order to ensure every opportunity is made to address these situations prior to issuing a violation notice, county staff have the ability to conduct a prior review of all violations before issuance and can rescind or uphold the violation at that time, based on the outcome of the review. If no action is taken within three business days, CMIPS will automatically issue the violation. If the violation is rescinded by the county staff, a supervisor has two days to review the decision.

CMIPS generates the violation notices, which are printed at the county offices. The county staff send these notices, which include information on how a provider may request a county review of the violation, to the provider and the recipient(s). A provider will not receive more than one violation per month.

Levels of Violations

In recognizing the complexity of the new rules, and intending to minimize potential interruptions in recipient care, WIC section 12300.4(b)(5) created a gradual and progressive educational process that allows providers the opportunity to correct any errors causing excessive overtime or travel time claims before such errors rise to the level of provider ineligibility. The process also grants providers the ability to receive support through counseling and voluntary instructional review materials in an effort to ensure that providers understand the program requirements. This process involves four levels of violation which range from a written warning to one-year of ineligibility as an IHSS provider.

- **Initial (first) Violation:** After a provider violates the limitations for the first time, he/she receives a written warning notification from the county. County staff is available to assist the providers to understand the workweek, overtime, and travel requirements.
- **Second Violation:** If the provider incurs a second violation, he/she is offered a one-time opportunity to review instructional materials and sign a certification form stating that he/she understands and agrees to the requirements and return it to the county. These voluntary-instructional-review materials are included with the second violation notice.

If the provider takes advantage of this opportunity within 14 calendar days after receiving the violation, the second violation is rescinded once the county receives a signed copy of the certification form. If the provider chooses *not* to review the instructional materials and submit the completed certification form to the county IHSS office, the county will issue a notice confirming the second violation.

If, after having the violation rescinded by reviewing the voluntary-instructional-review materials, the provider violates the workweek and/or travel time limitations again, he/she will receive a second violation with no opportunity to review the

instructional materials again. After the second violation has been incurred, county staff are required to contact the provider to discuss the violation consequences and advise them on methods to correct the behavior that led to the violation. County staff stress the importance of the provider modifying his/her workweek schedule and/or travel time if necessary to avoid further violations. Additionally, it may be necessary to include recipients in these discussions, so they understand when requests for adjustments to workweek schedules can be requested and granted. Given that another violation occurrence would result in suspension of the provider's eligibility for 90 calendar days, county staff make every effort to communicate with the provider by telephone or in writing, if the receipt of the written communication can be documented.

- **Third Violation:** If the provider incurs a third violation, there is a temporary suspension of the IHSS provider's eligibility to work and be paid through the IHSS program for a period of 90 calendar days. The provider has the option to request a county review of this violation, and if denied can request a state review.
- **Fourth Violation:** After the 90 calendar days' suspension due to a third violation is completed, if the provider incurs a fourth violation, then the provider is suspended for a period of one year. The provider has the option to request a county review of this violation, and if denied, can request a state review.

On average, 1.6 percent of the providers with multiple recipients and 0.5 percent of the providers with one recipient received a violation between July 2016 and June 2018.

Figure 5: IHSS/WPCS Providers Receiving Violations

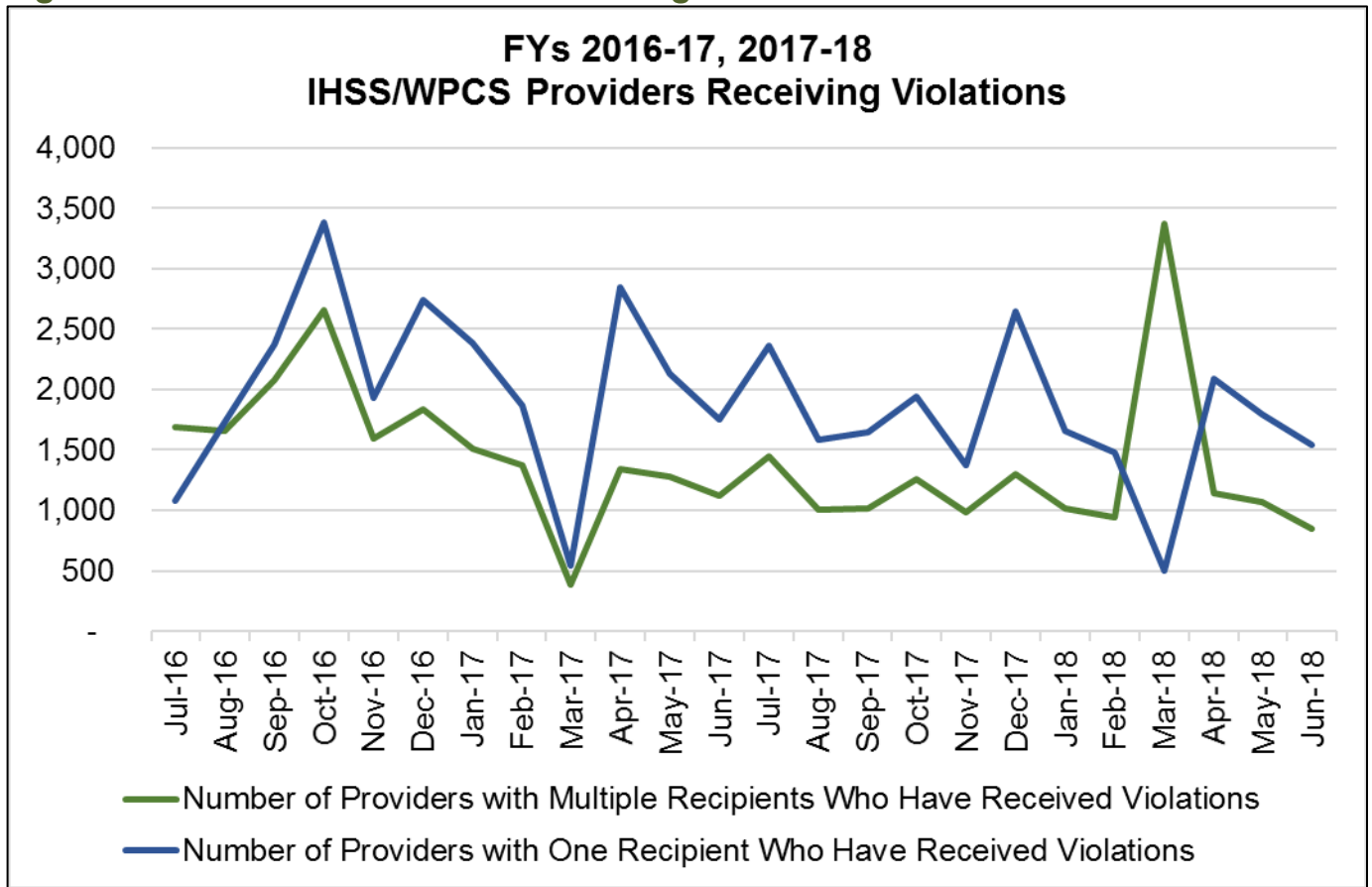


Table 6: IHSS/WPCS Providers Receiving Violations¹⁸

| IHSS/WPCS Providers Receiving Violations | FY 2016-17 Average | FY 2017-18 Average | Percentage of Change | 24-Month Average |
|---|---------------------------|---------------------------|-----------------------------|-------------------------|
| Number of Paid Providers Serving Multiple Recipients ¹⁹ | 85,382 | 90,568 | 6.1% | 87,975 |
| Number of Providers with Multiple Recipients Who Have Received Violations ²⁰ | 1,544 | 1,284 | -16.8% | 1,414 |
| % of Providers with Multiple Recipients Who Have Received Violations | 1.8% | 1.4% | -22.1% | 1.6% |
| Number of Paid Providers Serving One Recipient ²¹ | 352,747 | 387,639 | 9.9% | 370,193 |
| Number of Providers with One Recipient Who Have Received Violations ²² | 2,063 | 1,718 | -16.7% | 1,890 |
| % of Providers with One Recipient Who Have Received Violations | 0.6% | 0.4% | -24.1% | 0.5% |

In October 2016, the first set of third violations were incurred. There were 119 providers that received these third violations. CDSS reviewed these violations and found these providers had not taken advantage of the training opportunity available at the second violation. As result of this missed opportunity, CDSS made the decision to remove these third violations and provide direct outreach to these providers.

In December 2016, there were 196 providers who incurred a third violation. It was found that these providers also did not complete the optional training. CDSS worked with the counties to evaluate these cases and provide a recommendation to CDSS on whether the violation should be upheld or rescinded. As a result of this, 140 of the 198 had their third violation overridden and 58 were upheld.

These situations led CDSS to direct counties to have contact with providers after the second violation. This contact is to ensure providers have been educated about the work week and travel time caps and violation process.

¹⁸ To view the 24-months of data, go to [Appendix C, 6a](#).

¹⁹ Providers paid in the month, regardless of the service period.

²⁰ All violations incurred by these providers in the month, regardless of the service period. A provider can only incur one violation each month.

²¹ Same as ²⁰.

²² Same as ²¹.

Table 7: IHSS/WPCS Providers Who Incurred Violations²³

| Violations Incurred | FY 2016-17 Average | FY 2017-18 Average | Percentage of Change | 24-Month Average |
|--|-----------------------|-----------------------|-------------------------|---------------------|
| Exceeded Weekly Max of 66 Hours (Multiple Recipients) | 1,544 | 1,284 | -16.8% | 1,414 |
| Exceeded the Monthly Overtime Maximum (Single Recipients) | 2,063 | 1,718 | -16.7% | 1,890 |
| Exceeded the Travel Maximum ²⁴ | 114 | 68 | -40.3% | 91 |
| Statewide Total | 3,721 | 3,070 | -17.5% | 3,396 |

Methodology: Violations are tracked in the month they are triggered by a submitted timesheet regardless of service period. For example, timesheets for services between Dec 16-Dec 31, 2017 were not submitted until after January 1, 2018. All violations on these timesheets were counted in January.

Table 8: IHSS/WPCS Providers With 2 or More Violations²⁵

| Violation Counts ²⁶ | FY 2016-17 Average | FY 2017-18 Average | Percentage of Change | 24-Month Average |
|--------------------------------|-----------------------|-----------------------|-------------------------|---------------------|
| Providers with 2 Violations | 591 | 542 | -8% | 567 |
| Providers with 3 Violations | 114 | 148 | 30% | 131 |
| Providers with 4 Violations | 6 | 14 | 142% | 10 |

After a provider incurs a violation, the county issues a notice confirming the violation along with the IHSS Program Notice to Provider of Right to Dispute Violation for Exceeding Workweek and/or Travel Time Limits (SOC 2272). When a provider receives a violation notice, he/she has ten calendar days from the date of the notice to request a county review of the violation. If the provider does not submit an SOC 2272 within the ten calendar days, the violation remains in effect. The county then has ten business days to review and investigate the circumstances that led to the violation and send the provider a notice stating the outcome of the county review and detailing the instructions for requesting a State administrative review if applicable.

Reduction of Violations

The violations could add up over the course of the provider's employment as an IHSS provider. Therefore, if after receiving a violation the provider does not receive another violation for one year, the number of violations he/she has received will be reduced by one. As long as the provider does not receive additional violations, for each year after the last violation, the number of violations he/she has received will be reduced by one.

²³ To view the 24-months of data, go to [Appendix C, 7a](#).

²⁴ These are providers who exceeded the travel maximum of 7 hours per week. Included in the statewide total but not represented individually on the graph above.

²⁵ To view the 24-months of data, go to [Appendix C, 8a](#).

²⁶ These are providers who triggered a violation in the month and currently have multiple violations. Providers with 4 violations are counted on the last day of each month.

Providers that receive a fourth violation become ineligible to work and be paid as an IHSS provider for one year. When the year has expired and the individual has undergone the provider enrollment requirements to be re-enrolled as a provider, his/her violations count is reset to zero.

Additional Policy and System Changes

Advance Pay Changes

Advance Pay is an option for severely impaired recipients. Recipients that chose Advanced Pay receive a check for the value of their authorized services at the beginning of the month. The recipient then pays their provider. The provider is required to submit a reconciling timesheet at the end of the month to ensure appropriate accounting of the funds for purposes of taxes and benefits.

In order for overtime compensation to be paid to Advance Pay providers, modifications to the Advance Pay timesheet process were implemented in CMIPS on September 23, 2016. Advance Pay timesheets are automatically issued on a semi-monthly basis, on the 1st and the 10th of the month. Travel Claim forms are issued and mailed separately from the Advance Pay timesheets if the provider is eligible for travel time pay. Overtime pay is not paid until after the timesheet for the prior pay period has been reconciled. Overtime hours worked and claimed on the Advance Pay timesheet are paid directly to the provider as a supplemental paycheck.

Case Management, Information, and Payrolling System (CMIPS) Changes

Multiple changes were made in CMIPS to facilitate the implementation of Overtime, Wait Time, and Travel Time Compensation and to record and provide needed information and data. Some of these changes included modifications to implement, support, and manage the following:

- FLSA Forms
- Travel Claim Processing
- Overtime and Travel Time Violations
- Exemption/Exception Processing
- Flexible Hours
- Workweek Limitations And Travel Time Violation Disputes
- State Administrative Review Process for IHSS and WPCS
- New Data Reports
- New Data Downloads
- Automated Processing of Violation and Dispute Forms

Impact of Overtime, Travel Time, and Wait Time on the IHSS Program

Benefits of the Overtime Rules

- **Providers Began to Receive Overtime Pay**
On average 24 percent (106,629) of the IHSS providers a month received overtime pay. These providers are paid an average of 58.9 hours of overtime a month per provider.
- **Providers Began to Receive Paid Travel Time and Paid Travel Overtime**
On average 1.5 percent (6,653) of the IHSS providers were paid travel time each month. These providers are paid an average of 14.8 hours of travel time a month per provider.
- **Providers Began to Receive Compensation for Wait Time**
Approximately 474,786 IHSS recipients were authorized more Medical Accompaniment, and 11,775 IHSS recipients were authorized more Accompaniment to Alternative Resources which resulted in compensation for wait time for IHSS Providers.
 - The statewide average authorized hours for Medical Accompaniment increased from 2.5 in July 2016 to 3.0 in June 2018.
 - The statewide average authorized hours for Accompaniment to Alternative Resources increased from 6.4 in July 2016 to 7.3 in June 2018.

Conclusion

The implementation of overtime, travel and wait time in the IHSS program was challenging. It required program staff both at both state and county levels, all program recipients and providers as well as the program stakeholders to quickly learn and operate under new and complicated rules. While the implementation of the Overtime Rule has had benefits as described above, CDSS in collaboration with stakeholders continues to look for ways to support our recipients and providers with understanding and following these new rules such as the real time prompts with the electronic timesheet option that was implemented in summer 2017.

Appendix A: Overtime References

Guiding Authority

Federal Authority

- United States Department of Labor (DOL) published the Final Rule on the Application of the [Fair Labor Standards Act \(FLSA\) to Domestic Services \(RIN 1235-AA05\)](#)

State Authority

- SBs [855](#) and [873](#) (Chapters 29 and 685, Statutes of 2014)
- SB [89](#) (Chapter 24, Statutes of 2017)

Letters and Notices

The following are the ACLs and Notices that were created by CDSS to inform counties of the implementation of FLSA Overtime:

2018 Letters and Notices

- [ACL18-58 \(May 31, 2018\)](#)
Exemption from Workweek Limits for Extraordinary Circumstances (Exemption 2) - State Administrative Review Process
- [ACL18-54 \(May 17, 2018\)](#)
Modifications To The Case Management, Information And Payrolling System For The In-Home Supportive Services Implementation Of Senate Bill (SB) 89 Human Services Regulations allowing a county worker the ability to process an Extraordinary Circumstances Exemption (Exemption 2) SOC 2305 form is received from a provider.
- [ACL18-31 \(March 22, 2018\)](#)
Implementation Of Senate Bill (SB) 89 Human Services / Overtime Exemptions

2017 Letters and Notices

- [ACIN I-35-17 \(July 5, 2017\)](#)
Release Of Revised In-Home Supportive Services Provider Orientation Video
- [ACL 17-42 \(June 23, 2017\)](#)
Clarification On The Authorization Of Medical Accompaniment In The In-Home Supportive Services Program
- [ACL 17-43 \(May 19, 2017\)](#)
Recession of Disciplinary Action Against Providers Enrolled Prior to February 1, 2016, For Failure to Submit Provider Enrollment Agreement (SOC 846 [Rev. 11/15])
- [ACL 17-13 \(April 7, 2017\)](#)
In-Home Supportive Services Program Exemptions From Workweek Limits For Extraordinary Circumstances (Exemption 2) – Renewal Of Approved Exemptions And Clarification On Submitting Referrals

- [ACIN I-16-17 \(April 5, 2017\)](#)
Delegation Of County Responsibilities Regarding Workweek And Travel Time Violations To Public Authorities
- [ACL 17-25 \(March 17, 2017\)](#)
Modifications To In-Home Supportive Services And Waiver Personal Care Services In Case Management, Information And Payrolling System, IHSS Standard Timesheet, And Live-In Self Certification Form

2016 Letters and Notices

- [ACL 16-86 \(October 24, 2016\)](#)
Reinstatement Of Deadline For Submission Of Provider Enrollment Agreement (SOC 846 [REV. 11/15]) Form For In-Home Supportive Services Providers Enrolled Prior To February 1, 2016
- [ACL 16-89 \(October 13, 2016\)](#)
Modifications To The Case Management, Information And Payrolling System To Manage In-Home Supportive Services And Waiver Personal Care Services Overtime And Travel Time Violations And Forms, Forms For Blind And Visually Impaired Recipients, Advance Pay Reconciliation, And Authorized Hours Exceeded Letters
- [ACL 16-46 \(May 16, 2016\)](#)
Modifications To The Case Management, Information And Payrolling System (CMIPS) To Implement And Manage Workweek Limitations And Travel Time Violation Disputes And The State Administrative Review Process For In-Home Supportive Services (IHSS) And Waiver Personal Care Services (WPCS)
- [ACL 16-44 \(May 10, 2016\)](#)
Modifications to In-Home Supportive Services and Waiver Personal Care Services in Case Management, Information and Payrolling System to Manage Overtime and Travel Time Violations, Exemption Processing and Flexible Hours
- [ACL 16-36 \(April 21, 2016\)](#)
Violations For Exceeding Workweek And/Or Travel Time Limits For The In-Home Supportive Services (IHSS) And Waiver Personal Care Services Programs (WPCS)
- [ACL 16-22 \(April 1, 2016\)](#)
Exemption From The In-Home Supportive Services Program Workweek Limitations Due To Extraordinary Circumstances And Clarification On The Policies For The Live-In Family Care Provider Exemption
- [ACIN I-20-16 \(March 14, 2016\)](#)
Modifications To In-Home Supportive Services (IHSS) Timesheets To Accommodate IHSS And Waiver Personal Care Services (WPCS) Overtime And Travel Time Compensation Relating To Implementation Of Provisions Of Senate Bills 855 And 873
- [ACIN I-09-16 \(January 27, 2016\)](#)
Release of IHSS Informational Video: 2016 Fair Labor Standards Act (FLSA) Release of IHSS Informational Video: 2016 Fair Labor Standards Act (FLSA)
- [ACIN I-08-16 \(January 22, 2016\)](#)
Updates to the Case Management, Information and Payrolling System (CMIPS) II

Screens and Forms Tracking for Implementation of Provisions of Senate Bills 855 and 873 Relating to the IHSS and Waiver Personal Care Services Programs

- [ACL 16-07 \(January 21, 2016\)](#)
Exemption to Provisions of Senate Bills 855 and 873 (Chapters 29 and 685, Statutes of 2014) Relating to the In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) Programs for Family Live-In Care Providers
- [ACL 16-01 \(January 7, 2016\)](#)
Reinstatement of Implementation of Provisions of Senate Bills 855 and 873 (Chapters 29 and 685, Statutes of 2014) Relating to the IHSS and Waiver Personal Care Services Programs

2015 Letters and Notices

- [ACL 15-97 \(December 1, 2015\)](#)
Implementation of Provisions of Senate Bills 855 and 873 (Chapters 29 and 685, Statutes of 2014) Relating to the IHSS and Waiver Personal Care Services Program (WPCS)
- [ACL 15-10 \(January 23, 2015\)](#)
Halt To Implementation Of Provisions Of Senate Bills 855 And 873 (Chapters 29 And 685, Statutes Of 2014) Relating To The IHSS And Waiver Personal Care Services Programs
- [ACIN I-73-14 \(January 5, 2015\)](#)
Information Regarding Federal Court Order Impacting The Implementation Of The Federal Department Of Labor Regulations Pertaining To The Payment Of Overtime Compensation And Other Compensable Activities And To Related Provisions Of Senate Bills 855 And 873 (Chapters 29 And 685, Statutes Of 2014) For The IHSS And Waiver Personal Care Services Programs

2014 Letters and Notices

- [ACL 14-102 \(December 31, 2014\)](#)
New Program Rules And Requirements For IHSS Provider Enrollment Orientation And Clarification Of Provider Enrollment Identification Process Related To Social Security Numbers
- [ACL 14-103 \(December 19, 2014\)](#)
Implementation Of New Timesheets To Accommodate In Home Supportive Services (IHSS) And Waiver Personal Care Services (WPCS) Overtime And Travel Time Compensation
- [ACL 14-99 \(December 17, 2014\)](#)
Implementation Of Required New Screens In The Case Management And Information Payrolling System To Accommodate In-Home Supportive Services (IHSS) And Waiver Personal Care Services (WPCS) Overtime And Travel Time Forms Tracking

- [ACL 14-82 \(November 25, 2014\)](#)
Wait Times Associated With Accompaniment To Medical Appointments And Alternative Resource Sites
- [ACL 14-76 \(October 8, 2014\)](#)
Implementation Of Provisions Of Senate Bills 855 And 873 (Chapters 29 And 685, Statutes Of 2014) Relating To The IHSS And Waiver Personal Care Services Programs

Appendix B: Recipient/Provider Mailers and Forms

Recipient/Provider Mailers

The first statewide mailing (December 2015 through January 2016) included the following information and forms:

- [Recipient Important Information \(TEMP 3002\)](#), informational only
- [Provider Important Information \(TEMP 3001\)](#), informational only
- [IHSS Program Provider Enrollment Agreement \(SOC 846\)](#), to be returned to county; return envelope included

The second statewide mailing (February 2016) included the following information and forms:

- [Informational stuffer](#)
- [IHSS Program Provider Workweek Agreement \(SOC 2255\)](#), to be returned to county; return envelope included
- [IHSS Program Recipient Workweek Agreement \(SOC 2256\)](#), to be returned to county; return envelope included
- [IHSS Program Provider Notification of Recipient Authorized Hours & Maximum Weekly Hours \(SOC 2271\)](#), informational only
- [IHSS Program Recipient Notification of Maximum Weekly Hours \(SOC 2271A\)](#), informational only

Overtime Forms

Following are the Forms created by CDSS for the implementation of Overtime:

Forms List

| Form Number | Form Title |
|---------------------------|--|
| DHCS/SOC 2257 | In-Home Supportive Services Program Notice to Provider of First/Second Violation For Exceeding Workweek And/Or Travel Time Limits |
| DHCS/SOC 2272 | In-Home Supportive Services Program Notice To Provider of Right to Dispute Violation for Exceeding Workweek And/Or Travel Time Limits |
| Training Materials | In-Home Supportive Services Program Notice To Provider of Right to Dispute Violation for Exceeding Workweek And/ Or Travel Time Limits |
| DHCS/SOC 2257B | IHSS Program Notice to Provider of Second Violation No Record of Completion of Review of Instructional Materials |
| DHCS/SOC 2258 | In-Home Supportive Services Program Notice to Provider of Third Violation (90-Day Suspension of Eligibility) For Exceeding Workweek And/Or Travel Time Limits |
| DHCS/SOC 2259 | In-Home Supportive Services Program Notice to Provider of Fourth Violation (One-Year Period of Ineligibility) For Exceeding Workweek And/Or Travel Time Limits |
| DHCS/SOC 2272A | In-Home Supportive Services Program Notice to Provider Acknowledgement of Receipt of County Violation Review for Exceeding Workweek and/or Travel Time Limits |
| DHCS/SOC 2280 | In-Home Supportive Services Program Notice to Provider Upholding First Or Second Violation For Exceeding Workweek And/Or Travel Time Limits |
| DHCS/SOC 2282 | In-Home Supportive Services Program Notice to Provider Upholding Third Violation (90-Day Suspension of Eligibility) For Exceeding Workweek And/Or Travel Time Limits |
| DHCS/SOC 2273 | In-Home Supportive Services Program State Administrative Review Request of Third or Fourth Violation For Exceeding Workweek And/Or Travel Time Limits |
| DHCS/SOC 2284 | In-Home Supportive Services Program Notice to Provider Upholding Fourth Violation (One-Year Period of Ineligibility) |
| DHCS/SOC 2292 | In-Home Supportive Services Program Notice to Provider For Failing to Complete the Right To Dispute Violation for Exceeding Workweek And/Or Travel Time Limits Form Timely or Completely |
| DHCS/SOC 2272A | In-Home Supportive Services Program Notice to Provider Acknowledgement of Receipt of County Violation Review for Exceeding Workweek and/or Travel Time Limits |
| DHCS/SOC 2263 | In-Home Supportive Services Program Notice to Provider Rescinding Violation |

| | |
|-----------------------|--|
| DHCS/SOC 2286 | In-Home Supportive Services Program State Administrative Review Request Response Letter to Provider Upholding Third Violation (90-Day Suspension of Eligibility) For Exceeding Workweek And/Or Travel Time Limits |
| DHCS/SOC 2290 | In-Home Supportive Services Program State Administrative Review Request Response Letter to Provider Upholding Fourth Violation (One-Year Period of Ineligibility) |
| DHCS/SOC 2288 | In-Home Supportive Services Program State Administrative Review Request Response Letter to Provider Rescinding Third or Fourth Violation For Exceeding Workweek And/Or Travel Time Limits |
| DHCS/SOC 2257A | In-Home Supportive Services Program Notice to Recipient of Provider's First/Second Violation For Exceeding Workweek And/Or Travel Time Limits |
| DHCS/SOC 2258A | In-Home Supportive Services Program Notice to Recipient of Provider's Third Violation (90-Day Suspension of Eligibility) For Exceeding Workweek And/Or Travel Time Limits |
| DHCS/SOC 2259A | In-Home Supportive Services Program Notice to Recipient of Provider's Fourth Violation (One-Year Period of Ineligibility) For Exceeding Workweek And/Or Travel Time Limits |
| DHCS/SOC 2272B | In-Home Supportive Services Program Notice to Recipient Acknowledgement of Provider's Request for County Violation Review for Exceeding Workweek and/or Travel Time Limits |
| DHCS/SOC 2281 | In-Home Supportive Services Notice to Recipient Upholding Provider's First Or Second Violation For Exceeding Workweek And/Or Travel Time Limits |
| DHCS/SOC 2283 | In-Home Supportive Services Notice to Recipient Upholding Provider's Third Violation (90-Day Suspension of Eligibility) For Exceeding Workweek And/Or Travel Time Limits |
| DHCS/SOC 2285 | In-Home Supportive Services Program Notice to Recipient Upholding Fourth Violation (One-Year Period of Ineligibility) |
| DHCS/SOC 2293 | In-Home Supportive Services Program Notice to Recipient of Provider Failure To Complete The Right To Dispute Violation For Exceeding Workweek And/Or Travel Time Limits Form Timely or Completely |
| DHCS/SOC 2272B | In-Home Supportive Services Program Notice to Recipient Acknowledgement of Provider's Request for County Violation Review for Exceeding Workweek and/or Travel Time Limits |
| DHCS/SOC 2264 | In-Home Supportive Services Program Notice to Recipient Rescinding Provider Violation |
| DHCS/SOC 2287 | In-Home Supportive Services Program State Administrative Review Request Response Letter to Recipient Upholding Provider's Third Violation (90- Day Suspension of Eligibility) for Exceeding Workweek And/Or Travel Time Limits |
| DHCS/SOC 2291 | In-Home Supportive Services Program State Administrative Review Request Response Letter to Recipient Upholding Fourth Violation (One-Year Period of Ineligibility) |
| DHCS/SOC 2289 | In-Home Supportive Services Program State Administrative Review Request Response Letter to Recipient Rescinding Third or Fourth Violation For Exceeding Workweek And/Or Travel Time Limits |

Forms To/For Recipients

| Form Number | Form Type | 1st Violation | 2nd Violation w/ Optional Training | 2nd Violation w/ no Optional Training | 3rd Violation | 4th Violation | How to Obtain Form |
|----------------|--|---------------|------------------------------------|---------------------------------------|---------------|---------------|--------------------------|
| DHCS/SOC 2257A | Violation | X | X | X | - | - | System Generated |
| DHCS/SOC 2258A | Violation | - | - | - | X | - | System Generated |
| DHCS/SOC 2259A | Violation | - | - | - | - | X | System Generated |
| DHCS/SOC 2272B | Dispute - If Violation is Upheld | X | X | X | X | X | CDSS Website |
| DHCS/SOC 2281 | Dispute - If Violation is Upheld | X | X | X | - | - | System Generated |
| DHCS/SOC 2283 | Dispute - If Violation is Upheld | - | - | - | X | - | System Generated |
| DHCS/SOC 2285 | Dispute - If Violation is Upheld | - | - | - | - | X | System Generated |
| DHCS/SOC 2293 | Dispute - Form not completed or submitted timely | X | X | X | X | X | CDSS Website |
| DHCS/SOC 2272B | Dispute - if violation is overridden | X | X | X | X | X | CDSS Website |
| DHCS/SOC 2264 | Dispute - if violation is overridden | X | X | X | X | X | System Generated |
| DHCS/SOC 2287 | State Administrative Review - if violation is upheld | - | - | - | X | - | Printed & mailed by CDSS |

| | | | | | | | |
|----------------------|---|---|---|---|---|---|--------------------------|
| DHCS/SOC 2291 | State Administrative Review - if violation is upheld | - | - | - | - | X | Printed & mailed by CDSS |
| DHCS/SOC 2289 | State Administrative Review - if violation is overridden | - | - | - | X | X | Printed & mailed by CDSS |

Forms To/For Providers

| Form Number | Form Type | 1st Violation | 2nd Violation w/ Optional Training | 2nd Violation w/ no Optional Training | 3rd Violation | 4th Violation | How to Obtain Form |
|---------------------------|---|---------------|------------------------------------|---------------------------------------|---------------|---------------|--------------------|
| DHCS/SOC 2257 | Violation | X | X | X | - | - | System Generated |
| DHCS/SOC 2272 | Violation | X | X | X | X | X | System Generated |
| Training Materials | Violation | - | X | - | - | - | System Generated |
| DHCS/SOC 2257B | Violation | - | X (if rejects option) | - | - | - | System Generated |
| DHCS/SOC 2258 | Violation | - | - | - | X | - | System Generated |
| DHCS/SOC 2259 | Violation | - | - | - | - | X | System Generated |
| DHCS/SOC 2272A | Dispute - If Violation is Upheld | X | X | X | X | X | CDSS Website |
| DHCS/SOC 2280 | Dispute - If Violation is Upheld | X | X | X | - | - | System Generated |
| DHCS/SOC 2282 | Dispute - If Violation is Upheld | - | - | - | X | - | System Generated |
| DHCS/SOC 2273 | Dispute - If Violation is Upheld | - | - | - | X | X | System Generated |

| | | | | | | | |
|----------------|---|---|---|---|---|---|--------------------------|
| DHCS/SOC 2284 | Dispute - If Violation is Upheld | - | - | - | - | X | System Generated |
| DHCS/SOC 2292 | Dispute - Form not completed or submitted timely | X | X | X | X | X | CDSS Website |
| DHCS/SOC 2272A | Dispute - if violation is overridden | X | X | X | X | X | CDSS Website |
| DHCS/SOC 2263 | Dispute - if violation is overridden | X | X | X | X | X | System Generated |
| DHCS/SOC 2286 | State Administrative Review - if violation is upheld | - | - | - | X | - | Printed & mailed by CDSS |
| DHCS/SOC 2290 | State Administrative Review - if violation is upheld | - | - | - | - | X | Printed & mailed by CDSS |
| DHCS/SOC 2288 | State Administrative Review - if violation is overridden | - | - | - | X | X | Printed & mailed by CDSS |

New and Revised IHSS Forms and Notices for Use in Implementing SB 89

| | |
|-----------------------------|--|
| DHCS/SOC 2305 | Request for Exemption from Workweek Limits for Extraordinary Circumstances (Exemption 2) |
| DHCS/SOC 2306 | Exemption from Workweek Limits for Extraordinary Circumstances Referral Justification |
| DHCS/SOC 2307 | Secondary Evaluation Review Worksheet |
| DHCS/SOC 2308 | Exemption from Workweek Limits for Extraordinary Circumstances Approved Exemption Provider Agreement |
| DHCS/SOC 2309 | Notice to Provider of Approval of Exemption from the In-Home Supportive Services Program Workweek Limits for Extraordinary Circumstances |
| DHCS/SOC 2309A | Notice to Recipient of Approval of Exemption from the In-Home Supportive Services Program Workweek Limits for Extraordinary Circumstances |
| DHCS/SOC 2310 | Notice to Provider of Ineligibility for Exemption from the In-Home Supportive Services Program Workweek Limits for Extraordinary Circumstances |
| DHCS/SOC 2310A | Notice to Recipient of Ineligibility for Exemption from the In-Home Supportive Services Program Workweek Limits for Extraordinary Circumstances |
| DHCS/SOC 2311 | Notice of Non-Receipt of Exemption from Workweek Limits Provider Agreement |
| DHCS/SOC 2312 | Notice to Provider of Change in Extraordinary Circumstances Exemption Eligibility |
| DHCS/SOC 2312A | Notice to Recipient of Change in Extraordinary Circumstances Exemption Eligibility |
| TEMP 2314 Mailer | Extraordinary Circumstances Exemptions Informational Notice – Provider |
| TEMP 2315 Mailer | Extraordinary Circumstances Exemptions Informational Notice – Recipient |

Appendix C: 24-Months of Overtime, Travel Time, and Wait Time Data

The following is the 24-month data that the fiscal year averages throughout the document were determined. Please refer to the fiscal year summaries for footnotes, each chart below is linked to the appropriate table above.

Table 1a: IHSS/WPCS Providers Paid Overtime

| Month Paid | Providers Paid in the Month | Providers Paid Overtime | % of Providers Paid Overtime of All Paid Providers | Overtime Hours Paid | Avg OT Hours Paid per Provider |
|---------------------------|-----------------------------|-------------------------|--|---------------------|--------------------------------|
| Jul-16 | 419,622 | 100,029 | 23.8% | 6,355,735.7 | 63.5 |
| Aug-16 | 426,062 | 102,040 | 23.9% | 6,422,288.2 | 62.9 |
| Sep-16 | 427,798 | 98,009 | 22.9% | 5,532,723.4 | 56.5 |
| Oct-16 | 429,887 | 103,902 | 24.2% | 6,931,553.0 | 66.7 |
| Nov-16 | 429,619 | 99,670 | 23.2% | 5,675,818.6 | 56.9 |
| Dec-16 | 429,554 | 103,210 | 24.0% | 6,311,621.0 | 61.2 |
| Jan-17 | 435,291 | 104,326 | 24.0% | 6,878,596.9 | 65.9 |
| Feb-17 | 433,463 | 101,464 | 23.4% | 5,772,870.0 | 56.9 |
| Mar-17 | 438,664 | 119,999 | 27.4% | 7,668,168.6 | 63.9 |
| Apr-17 | 436,159 | 108,090 | 24.8% | 7,006,670.1 | 64.8 |
| May-17 | 442,200 | 107,999 | 24.4% | 6,851,193.8 | 63.4 |
| Jun-17 | 445,498 | 101,405 | 22.8% | 5,276,444.4 | 52.0 |
| FY 2016-17 Average | 432,818 | 104,179 | 24.1% | 6,390,307.0 | 61.3 |
| Jul-17 | 446,644 | 106,475 | 23.8% | 6,480,410.7 | 60.9 |
| Aug-17 | 450,073 | 103,973 | 23.1% | 5,495,551.5 | 52.9 |
| Sep-17 | 451,088 | 103,069 | 22.8% | 5,713,837.9 | 55.4 |
| Oct-17 | 454,406 | 109,105 | 24.0% | 6,546,941.1 | 60.0 |
| Nov-17 | 454,283 | 104,692 | 23.0% | 5,398,383.7 | 51.6 |
| Dec-17 | 453,000 | 107,447 | 23.7% | 6,129,360.2 | 57.0 |
| Jan-18 | 460,026 | 110,046 | 23.9% | 6,227,333.5 | 56.6 |
| Feb-18 | 456,986 | 106,328 | 23.3% | 5,596,456.5 | 52.6 |
| Mar-18 | 461,188 | 123,309 | 26.7% | 7,155,349.1 | 58.0 |
| Apr-18 | 463,361 | 112,207 | 24.2% | 6,739,918.4 | 60.1 |
| May-18 | 465,571 | 112,317 | 24.1% | 6,303,919.2 | 56.1 |
| Jun-18 | 468,050 | 109,989 | 23.5% | 6,236,245.9 | 56.7 |
| FY 2017-18 Average | 457,056 | 109,080 | 23.9% | 6,168,642.3 | 56.5 |
| 24-Month Average | 444,937 | 106,629 | 24.0% | 6,279,474.6 | 58.9 |

Table 2a: IHSS/WPCS Providers Working for Multiple Recipients

| Month Paid | Providers Paid in the Month | Paid Providers Serving Multiple Recipients | Percent of Paid Providers Serving Multiple Recipients | Providers with Multiple Recipients Paid Overtime | OT Hours Paid to Providers with Multiple Recipients | Avg OT Hours Paid per Provider Serving Multiple Recipients |
|---------------------------|-----------------------------|--|---|--|---|--|
| Jul-16 | 419,622 | 82,177 | 19.6% | 39,522 | 2,299,586.3 | 58.2 |
| Aug-16 | 426,062 | 83,244 | 19.5% | 40,225 | 2,312,731.1 | 57.5 |
| Sep-16 | 427,798 | 83,273 | 19.5% | 38,163 | 1,913,911.7 | 50.2 |
| Oct-16 | 429,887 | 83,551 | 19.4% | 40,749 | 2,377,536.6 | 58.3 |
| Nov-16 | 429,619 | 83,638 | 19.5% | 38,866 | 1,941,774.7 | 50.0 |
| Dec-16 | 429,554 | 83,576 | 19.5% | 40,080 | 2,121,024.0 | 52.9 |
| Jan-17 | 435,291 | 86,815 | 19.9% | 40,364 | 2,269,554.9 | 56.2 |
| Feb-17 | 433,463 | 86,819 | 20.0% | 38,703 | 1,888,104.8 | 48.8 |
| Mar-17 | 438,664 | 86,918 | 19.8% | 44,909 | 2,537,377.5 | 56.5 |
| Apr-17 | 436,159 | 87,585 | 20.1% | 41,391 | 2,260,212.5 | 54.6 |
| May-17 | 442,200 | 88,035 | 19.9% | 41,335 | 2,251,644.7 | 54.5 |
| Jun-17 | 445,498 | 88,951 | 20.0% | 37,032 | 1,582,109.4 | 42.7 |
| FY 2016-17 Average | 432,818 | 85,382 | 19.7% | 40,112 | 2,146,297.3 | 53.5 |
| Jul-17 | 446,644 | 88,951 | 19.9% | 40,919 | 2,057,530.4 | 50.3 |
| Aug-17 | 450,073 | 89,388 | 19.9% | 39,393 | 1,737,445.4 | 44.1 |
| Sep-17 | 451,088 | 89,791 | 19.9% | 39,395 | 1,815,672.7 | 46.1 |
| Oct-17 | 454,406 | 90,042 | 19.8% | 42,201 | 2,110,108.7 | 50.0 |
| Nov-17 | 454,283 | 90,356 | 19.9% | 39,495 | 1,664,747.0 | 42.2 |
| Dec-17 | 453,000 | 90,527 | 20.0% | 41,835 | 2,044,263.5 | 48.9 |
| Jan-18 | 460,026 | 90,741 | 19.7% | 41,863 | 1,961,753.3 | 46.9 |
| Feb-18 | 456,986 | 90,891 | 19.9% | 40,056 | 1,728,861.1 | 43.2 |
| Mar-18 | 461,188 | 91,050.0 | 19.7% | 47,067 | 2,303,214.4 | 48.9 |
| Apr-18 | 463,361 | 91,168 | 19.7% | 42,918 | 2,117,595.5 | 49.3 |
| May-18 | 465,571 | 91,774 | 19.7% | 42,117 | 1,931,754.3 | 45.9 |
| Jun-18 | 468,050 | 92,137 | 19.7% | 41,480 | 1,916,915.6 | 46.2 |
| FY 2017-18 Average | 457,056 | 90,568 | 19.8% | 41,562 | 1,949,155.2 | 46.8 |
| 24-Month Average | 444,937 | 87,975 | 19.8% | 40,837 | 2,047,726.2 | 50.1 |

Table 3a: IHSS/WPCS Providers Paid Travel Time

| Month Paid | Providers Paid Travel Time | Travel Hours Paid | Avg Travel Hours Paid per Provider | Travel OT Hours Paid | Avg Travel OT Hours Paid per Provider | % of Travel OT Hours Paid Out of All Travel Hours Paid |
|---------------------------|----------------------------|-------------------|------------------------------------|----------------------|---------------------------------------|--|
| Jul-16 | 5,456 | 48,457.4 | 8.9 | 30,513.4 | 5.6 | 63.0% |
| Aug-16 | 7,225 | 128,190.3 | 17.7 | 81,191.9 | 11.2 | 63.3% |
| Sep-16 | 7,123 | 107,335.8 | 15.1 | 61,912.3 | 8.7 | 57.7% |
| Oct-16 | 7,333 | 128,270.3 | 17.5 | 81,913.7 | 11.2 | 63.9% |
| Nov-16 | 7,239 | 112,266.5 | 15.5 | 71,849.8 | 9.9 | 64.0% |
| Dec-16 | 7,345 | 117,322.0 | 16.0 | 69,753.0 | 9.5 | 59.5% |
| Jan-17 | 7,377 | 132,621.2 | 18.0 | 83,991.6 | 11.4 | 63.3% |
| Feb-17 | 7,077 | 105,175.3 | 14.9 | 61,973.7 | 8.8 | 58.9% |
| Mar-17 | 7,093 | 124,707.6 | 17.6 | 72,510.2 | 10.2 | 58.1% |
| Apr-17 | 6,843 | 109,578.0 | 16.0 | 67,804.6 | 9.9 | 61.9% |
| May-17 | 6,885 | 113,969.7 | 16.6 | 76,538.5 | 11.1 | 67.2% |
| Jun-17 | 6,815 | 110,372.4 | 16.2 | 66,675.6 | 9.8 | 60.4% |
| FY 2016-17 Average | 6,984 | 111,522 | 15.8 | 68,885.7 | 9.8 | 61.8% |
| Jul-17 | 6,565 | 88,262.9 | 13.4 | 57,882.9 | 8.8 | 65.6% |
| Aug-17 | 6,685 | 95,753.9 | 14.3 | 63,185.3 | 9.5 | 66.0% |
| Sep-17 | 6,611 | 93,126.0 | 14.1 | 59,706.1 | 9.0 | 64.1% |
| Oct-17 | 6,656 | 102,599.5 | 15.4 | 72,436.4 | 10.9 | 70.6% |
| Nov-17 | 6,394 | 81,746.1 | 12.8 | 53,419.7 | 8.4 | 65.3% |
| Dec-17 | 6,252 | 80,866.7 | 12.9 | 52,291.8 | 8.4 | 64.7% |
| Jan-18 | 6,377 | 98,526.1 | 15.5 | 70,029.2 | 11.0 | 71.1% |
| Feb-18 | 5,994 | 74,278.2 | 12.4 | 47,181.6 | 7.9 | 63.5% |
| Mar-18 | 6,274 | 88,140.9 | 14.0 | 61,746.6 | 9.8 | 70.1% |
| Apr-18 | 6,001 | 76,198.6 | 12.7 | 52,659.6 | 8.8 | 69.1% |
| May-18 | 6,094 | 90,354.3 | 14.8 | 62,082.4 | 10.2 | 68.7% |
| Jun-18 | 5,953 | 72,545.6 | 12.2 | 44,641.5 | 7.5 | 61.5% |
| FY 2017-17 Average | 6,321 | 86,866.6 | 13.7 | 58,105.3 | 9.2 | 66.7% |
| 24-Month Average | 6,653 | 99,194.4 | 14.8 | 63,495.5 | 9.5 | 64.2% |

Table 4a: Compensation for Wait Time

| Month Paid | Recipients Authorized Med Accompaniment | Hours Authorized for Med Accompaniment | Avg Authorized Hours per Med Accompaniment Recipient | Recipients Authorized for Accompaniment to Alt Resources | Hours Authorized for Accompaniment to Alt Resources | Avg Authorized Hours per Accompaniment to Alt Resources Recipient |
|---------------------------|---|--|--|--|---|---|
| Jul-16 | 458,635 | 1,168,265.3 | 2.5 | 11,853 | 76,227.8 | 6.4 |
| Aug-16 | 461,185 | 1,195,696.4 | 2.6 | 11,922 | 77,092.5 | 6.5 |
| Sep-16 | 463,450 | 1,217,736.8 | 2.6 | 12,000 | 78,524.4 | 6.5 |
| Oct-16 | 465,817 | 1,241,491.9 | 2.7 | 11,990 | 79,095.4 | 6.6 |
| Nov-16 | 467,708 | 1,262,657.6 | 2.7 | 11,966 | 79,816.9 | 6.7 |
| Dec-16 | 469,293 | 1,278,835.9 | 2.7 | 11,945 | 80,121.0 | 6.7 |
| Jan-17 | 469,492 | 1,290,969.9 | 2.7 | 11,923 | 80,502.3 | 6.8 |
| Feb-17 | 469,109 | 1,300,186.0 | 2.8 | 11,848 | 80,444.9 | 6.8 |
| Mar-17 | 471,053 | 1,317,144.8 | 2.8 | 11,829 | 80,444.2 | 6.8 |
| Apr-17 | 472,952 | 1,332,379.2 | 2.8 | 11,849 | 80,795.3 | 6.8 |
| May-17 | 475,122 | 1,348,893.1 | 2.8 | 11,844 | 81,864.3 | 6.9 |
| Jun-17 | 477,137 | 1,364,215.5 | 2.9 | 11,823 | 82,272.0 | 7.0 |
| FY 2016-17 Average | 468,413 | 1,276,539.4 | 2.7 | 11,899 | 79,766.8 | 6.7 |
| Jul-17 | 478,369 | 1,375,224.2 | 2.9 | 11,747 | 82,110.4 | 7.0 |
| Aug-17 | 480,370 | 1,388,264.5 | 2.9 | 11,720 | 82,131.8 | 7.0 |
| Sep-17 | 481,436 | 1,398,971.8 | 2.9 | 11,697 | 82,269.5 | 7.0 |
| Oct-17 | 482,378 | 1,410,590.1 | 2.9 | 11,649 | 82,302.6 | 7.1 |
| Nov-17 | 483,212 | 1,418,989.9 | 2.9 | 11,628 | 82,823.9 | 7.1 |
| Dec-17 | 483,581 | 1,425,718.5 | 2.9 | 11,568 | 83,315.5 | 7.2 |
| Jan-18 | 482,132 | 1,426,353.1 | 3.0 | 11,532 | 83,073.8 | 7.2 |
| Feb-18 | 481,024 | 1,427,200.9 | 3.0 | 11,507 | 82,827.8 | 7.2 |
| Mar-18 | 480,631 | 1,432,312.8 | 3.0 | 11,432 | 82,877.9 | 7.2 |
| Apr-18 | 480,312 | 1,435,010.8 | 3.0 | 11,403 | 82,918.5 | 7.3 |
| May-18 | 480,220 | 1,439,663.2 | 3.0 | 11,292 | 81,975.8 | 7.3 |
| Jun-18 | 480,251 | 1,443,212.2 | 3.0 | 11,229 | 82,291.2 | 7.3 |
| FY 2017-18 Average | 481,160 | 1,418,459.3 | 2.9 | 11,534 | 82,576.6 | 7.2 |
| 24-Month Average | 474,291 | 1,338,959.5 | 2.8 | 11,758 | 81,084.2 | 6.9 |

Table 5a: IHSS/WPCS Providers Approved for Overtime Exemptions

| Month Received | Exemption 1 - Parent Providers | Exemption 2 - Extraordinary Circumstances | WPCS | Monthly Total |
|-------------------------|--------------------------------|---|------------|---------------|
| Jul-16 | 1,107 | 64 | 314 | 1,485 |
| Aug-16 | 1,174 | 87 | 602 | 1,863 |
| Sep-16 | 1,267 | 104 | 664 | 2,035 |
| Oct-16 | 1,312 | 114 | 694 | 2,120 |
| Nov-16 | 1,336 | 117 | 718 | 2,171 |
| Dec-16 | 1,354 | 55 | 753 | 2,162 |
| Jan-17 | 1,377 | 64 | 762 | 2,203 |
| Feb-17 | 1,395 | 75 | 784 | 2,254 |
| Mar-17 | 1,409 | 78 | 794 | 2,281 |
| Apr-17 | 1,417 | 73 | 811 | 2,301 |
| May-17 | 1,434 | 85 | 832 | 2,351 |
| Jun-17 | 1,435 | 86 | 824 | 2,345 |
| FY 2016-17 Total | 1,433 | 84 | 814 | 2,331 |
| Jul-17 | 1,426 | 75 | 819 | 2,320 |
| Aug-17 | 1,417 | 77 | 803 | 2,297 |
| Sep-17 | 1,409 | 85 | 795 | 2,289 |
| Oct-17 | 1,399 | 87 | 785 | 2,271 |
| Nov-17 | 1,399 | 87 | 768 | 2,254 |
| Dec-17 | 1,398 | 95 | 768 | 2,261 |
| Jan-18 | 1,390 | 102 | 765 | 2,257 |
| Feb-18 | 1,382 | 98 | 761 | 2,241 |
| Mar-18 | 1,379 | 86 | 735 | 2,200 |
| Apr-18 | 1,379 | 86 | 735 | 2,200 |
| May-18 | 1211 | 9 | 608 | 1,828 |
| Jun-18 | 1356 | 95 | 739 | 2,190 |
| FY 2017-18 Total | 1,265 | 21 | 651 | 1,937 |
| 24-Month Total | 1,357 | 83 | 735 | 2,176 |

Table 6a: IHSS/WPCS Providers Receiving Violations

| Month Paid | Number of Paid Providers Serving Multiple Recipients | Number of Providers with Multiple Recipients Who Have Received Violations | % of Providers with Multiple Recipients Who Have Received Violations | Number of Paid Providers Serving One Recipient | Number of Providers with One Recipient Who Have Received Violations | % of Providers with One Recipient Who Have Received Violations |
|---------------------------|--|---|--|--|---|--|
| Jul-16 | 82,177 | 1,694 | 2.1% | 329,790 | 1,076 | 0.3% |
| Aug-16 | 83,244 | 1,657 | 2.0% | 334,114 | 1,728 | 0.5% |
| Sep-16 | 83,273 | 2,081 | 2.5% | 334,508 | 2,372 | 0.7% |
| Oct-16 | 83,551 | 2,660 | 3.2% | 336,697 | 3,383 | 1.0% |
| Nov-16 | 83,638 | 1,599 | 1.9% | 337,071 | 1,935 | 0.6% |
| Dec-16 | 83,576 | 1,834 | 2.2% | 334,905 | 2,737 | 0.8% |
| Jan-17 | 86,815 | 1,510 | 1.7% | 366,884 | 2,386 | 0.7% |
| Feb-17 | 86,819 | 1,372 | 1.6% | 367,446 | 1,872 | 0.5% |
| Mar-17 | 86,918 | 386 | 0.4% | 369,080 | 545 | 0.1% |
| Apr-17 | 87,585 | 1,342 | 1.5% | 371,250 | 2,843 | 0.8% |
| May-17 | 88,035 | 1,274 | 1.4% | 373,687 | 2,128 | 0.6% |
| Jun-17 | 88,951 | 1,119 | 1.3% | 377,529 | 1,750 | 0.5% |
| FY 2016-17 Average | 85,382 | 1,544 | 1.8% | 352,747 | 2,063 | 0.6% |
| Jul-17 | 88,951 | 1,447 | 1.6% | 377,529 | 2,359 | 0.6% |
| Aug-17 | 89,388 | 1,010 | 1.1% | 380,472 | 1,585 | 0.4% |
| Sep-17 | 89,791 | 1,018 | 1.1% | 382,555 | 1,651 | 0.4% |
| Oct-17 | 90,042 | 1,258 | 1.4% | 384,039 | 1,937 | 0.5% |
| Nov-17 | 90,356 | 985 | 1.1% | 386,297 | 1,374 | 0.4% |
| Dec-17 | 90,527 | 1,298 | 1.4% | 387,562 | 2,647 | 0.7% |
| Jan-18 | 90,741 | 1,017 | 1.1% | 388,493 | 1,662 | 0.4% |
| Feb-18 | 90,891 | 938 | 1.0% | 389,166 | 1,478 | 0.4% |
| Mar-18 | 91,050 | 3,375 | 3.7% | 391,176 | 504 | 0.1% |
| Apr-18 | 91,168 | 1,144 | 1.3% | 392,762 | 2,089 | 0.5% |
| May-18 | 91,774 | 1,068 | 1.2% | 395,260 | 1,789 | 0.5% |
| Jun-18 | 92,137 | 850 | 0.9% | 396,360 | 1,539 | 0.4% |
| FY 2017-18 Average | 90,568 | 1,284 | 1.4% | 387,639 | 1,718 | 0.4% |
| 24-Month Average | 87,975 | 1,414 | 1.6% | 370,193 | 1,890 | 0.5% |

Table 7a: IHSS/WPCS Providers with Violations

| Month Violation Incurred | Exceeded Weekly Max of 66 Hours (Multiple Recipients) | Exceeded the Monthly Overtime Maximum (Single Recipients) | Exceeded the Travel Maximum | Statewide Total |
|---------------------------|---|---|-----------------------------|-----------------|
| Jul-16 | 1,694 | 1,076 | 142 | 2,912 |
| Aug-16 | 1,657 | 1,728 | 113 | 3,498 |
| Sep-16 | 2,081 | 2,372 | 204 | 4,657 |
| Oct-16 | 2,660 | 3,383 | 175 | 6,218 |
| Nov-16 | 1,599 | 1,935 | 117 | 3,651 |
| Dec-16 | 1,834 | 2,737 | 128 | 4,699 |
| Jan-17 | 1,510 | 2,386 | 115 | 4,011 |
| Feb-17 | 1,372 | 1,872 | 93 | 3,337 |
| Mar-17 ²⁷ | 386 | 545 | 47 | 978 |
| Apr-17 | 1,342 | 2,843 | 96 | 4,281 |
| May-17 | 1,274 | 2,128 | 64 | 3,466 |
| Jun-17 | 1,119 | 1,750 | 77 | 2,946 |
| FY 2016-17 Average | 1,544 | 2,063 | 114 | 3,721 |
| Jul-17 | 1,447 | 2,359 | 84 | 3,890 |
| Aug-17 | 1,010 | 1,585 | 69 | 2,664 |
| Sep-17 | 1,018 | 1,651 | 69 | 2,738 |
| Oct-17 | 1,258 | 1,937 | 63 | 3,258 |
| Nov-17 | 985 | 1,374 | 57 | 2,416 |
| Dec-17 | 1,298 | 2,647 | 57 | 4,002 |
| Jan-18 | 1,017 | 1,662 | 76 | 2,755 |
| Feb-18 | 938 | 1,478 | 52 | 2,468 |
| Mar-18 ²⁸ | 3,375 | 504 | 84 | 3,963 |
| Apr-18 | 1,144 | 2,089 | 68 | 3,301 |
| May-18 | 1,068 | 1,789 | 81 | 2,938 |
| Jun-18 | 850 | 1,539 | 58 | 2,447 |
| FY 2017-18 Average | 1,284 | 1,718 | 68 | 3,070 |
| 24-Month Average | 1,414 | 1,890 | 91 | 3,396 |

²⁷ **March 2017 Violations:** Violations were incurred from late timesheets submitted prior to Feb. Part B. On 4/18/17, violations for February Part B and March Part A timesheets were rescinded and letters were sent to providers. Number of violations rescinded- 1st: 10,809; 2nd: 1,867; 3rd: 492; 4th: 31.

²⁸ **March 2018 Violations:** On 4/07/18, violations for February 2018 Part B and March Part A timesheets for providers with a single recipient were rescinded and letters were sent to the providers. 1st violations: 5,601; 2nd violations: 828; 3rd violations: 178; 4th violations: 18.

Table 8a: IHSS/WPCS Providers With 2 or More Violations

| Month Provs Received 2 or More | Providers with 2 Violations | Providers with 3 Violations | Providers with 4 Violations |
|-----------------------------------|--------------------------------|-----------------------------|-----------------------------|
| Jul-16 | - | - | - |
| Aug-16 | 1 | - | - |
| Sep-16 | 526 | - | - |
| Oct-16 | 912 | 4 | - |
| Nov-16 | 796 | 119 | - |
| Dec-16 | 1,114 | 196 | - |
| Jan-17 | 812 | 176 | - |
| Feb-17 | 772 | 239 | - |
| Mar-17 | 151 | 47 | 8 |
| Apr-17 | 787 | 240 | 22 |
| May-17 | 629 | 183 | 16 |
| Jun-17 | 596 | 167 | 23 |
| FY 2016-17 Avg | 591 | 114 | 6 |
| Jul-17 | 823 | 217 | 12 |
| Aug-17 | 498 | 147 | 15 |
| Sep-17 | 543 | 167 | 18 |
| Oct-17 | 530 | 152 | 17 |
| Nov-17 | 472 | 148 | 14 |
| Dec-17 | 681 | 184 | 23 |
| Jan-18 | 506 | 124 | 14 |
| Feb-18 | 484 | 127 | 12 |
| Mar-18 | 718 | 185 | 14 |
| Apr-18 | 467 | 135 | 15 |
| May-18 | 578 | 139 | 13 |
| Jun-18 | 434 | 114 | 11 |
| FY 2017-18 Avg | 542 | 148 | 14 |
| 24-Month Average | 567 | 131 | 10 |

Table 9a: Reduction of Violations

| Month Violations Reduced | Providers Completing Training in the Month | Percent of Providers with 2 Violations | Cumulative Count of Providers Who Have Completed Training During FY 2016-17 |
|---------------------------|--|--|---|
| Jul-16 | | | |
| Aug-16 | | | |
| Sep-16 | 135 | 26.3% | 135 |
| Oct-16 | 342 | 38.8% | 497 |
| Nov-16 | 258 | 34.2% | 805 |
| Dec-16 | 508 | 46.4% | 1,327 |
| Jan-17 | 553 | 69.6% | 1,921 |
| Feb-17 | 133 | 18.1% | 2,220 |
| Mar-17 | 1,155 | 807.7% | 3,532 |
| Apr-17 | 367 | 50.5% | 3,946 |
| May-17 | 297 | 50.3% | 4,271 |
| Jun-17 | 302 | 53.2% | 4,592 |
| FY 2016-17 Average | 322 | 43.0% | |
| Jul-17 | 313 | 40.0% | 313 |
| Aug-17 | 301 | 63.2% | 614 |
| Sep-17 | 236 | 45.7% | 850 |
| Oct-17 | 309 | 60.1% | 1,159 |
| Nov-17 | 190 | 42.5% | 1,349 |
| Dec-17 | 244 | 37.4% | 1,593 |
| Jan-18 | 290 | 60.0% | 1,883 |
| Feb-18 | 194 | 44.6% | 2,077 |
| Mar-18 | 549 | 76.5% | 2,626 |
| Apr-18 | 372 | 79.7% | 2,998 |
| May-18 | 280 | 48.4% | 3,278 |
| Jun-18 | 219 | 50.5% | 3,497 |
| FY 2017-18 Average | 268 | 52.0% | 1,783 |
| 24-Month Average | 292 | 48.0% | 1,966 |



STATE OF CALIFORNIA
Edmund G. Brown, Jr., Governor

HEALTH AND HUMAN SERVICES AGENCY
Michael Wilkening, Secretary

DEPARTMENT OF SOCIAL SERVICES
Will Lightbourne, Director

ADULT PROGRAMS DIVISION
Debbi Thomson, Deputy Director